

THE DENTAL DIGEST

May 1960
Volume 13 Number 5
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THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

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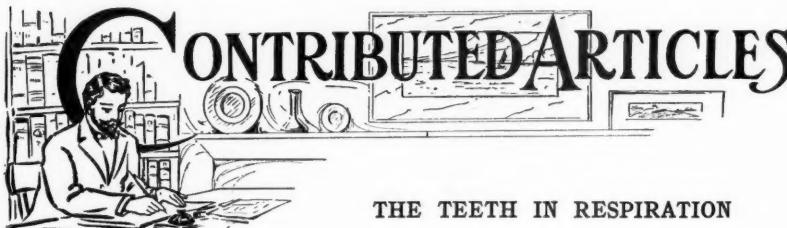
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Vol. XVI

MAY, 1910

No. 5



THE TEETH IN RESPIRATION

BY FREDERICK LESTER STANTON, D.D.S., NEW YORK

(Concluded from April number)

The inspired and expired air are powerful factors in the development of the bones of the face and the accessory sinuses. In the normal breather the mandible is raised by the elevators and the teeth brought into normal occlusion, and as the act of swallowing is performed the tongue expresses the air from between itself and the roof of the mouth, the lips are sucked down upon the teeth, the lower lip binding over the lower edge of the upper incisors, the tensor and levator palati having raised the soft palate it is then allowed to drop upon the dorsum of the tongue, shutting off the oral cavity. *The teeth just drop apart from occlusion, and the mandible is suspended by atmospheric pressure, and the muscles of the cheek and lips are in repose* (Fig. 9). In normal respiration there is an exchange of air in the accessory sinuses, the veins are emptied at the base of the brain. In swallowing, the tensor and levator palati opens the orifice of the Eustachian tube and the exchange of air is made in the middle ear.

Let us now consider the mechanics involved in the loss of normal

nasal respiration and the substitution of mouth breathing. In the deciduous teeth we have the same general arrangement as the permanent teeth in regard to their occlusion. Dr. Harold Chapman, of London, has pointed out that the increased width of the lower deciduous molars over that of the upper deciduous molars is about four millimeters. This increase of anterior posterior measurement brings the distal surface of the lower arch on the same vertical plane as that of the upper (Fig. 10). Consequently, as the first permanent molars are guided into their positions by the distal ends of the deciduous arches, this arrangement causes the first molars to erupt almost end to end, and



FIG. 9.—Sagittal section of head showing the vacuum spaces between the lips and teeth and the tongue and palate, the lower lip binding over the upper incisors, the soft palate resting on dorsum of the tongue. (*Cosmos*, Page 1078—1906. Cryer.)

the interdigitation of the cusps is more easily guided into a distal relation of the lower molar than into a mesial relation. When the nose is occluded from any cause, it is necessary to open and use the mouth for breathing. All of the muscles that depress the mandible are attached on the inner side of the horizontal ramus of the mandible, and with each inspiration the muscular pull is a backward one upon the mandible which in time causes bone to modify and brings the lower teeth distal to normal. After the muscles have locked the molars in this distal relation, all of the lower teeth that are to erupt at a later period must assume a similar distal malrelation, and the mechanics of this mal-occlusion is constantly operating to mould and sculpture the bones in accordance to its needs.

The vacuums above described are not created, consequently the tongue is not sucked tightly against the palate and we have a non-

widening of the upper arch in consequence. The lips are not drawn against the teeth, and the upper lip is so little used that it exerts slight influence on the upper anterior teeth, while the lower lip instead of

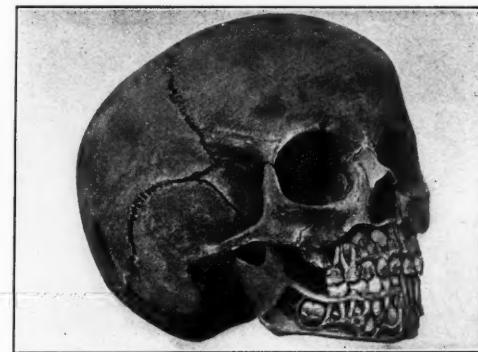


FIG. 10.—The skull of a child showing the end of the upper and lower deciduous arches on the same vertical plane. (After Cryer.)

binding over the lower edge of the upper incisors turns outward, and on account of the malrelations of the two arches, the lower lip is forced in between them and becomes a factor in pushing the upper anterior teeth further forward. The bones of the face are now subjected to a perverted mechanical action of mallocked teeth, to perverted muscular action due to the altered functions of the mouth and nose, and to the altered mechanics of having the air pass through the mouth instead

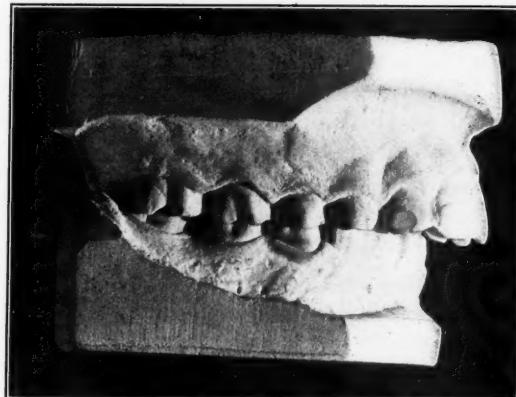


FIG. 11 represents the occlusion of a mouth breather, the depressors having changed the mandible, causing all the teeth to lock one cusp distal of normal.

of the nose. The bones are consequently moulding into entirely different structures than was intended for the individual in response to the altered mechanics. The nose and accessory sinuses present an entirely different appearance due to their altered functions. There is an

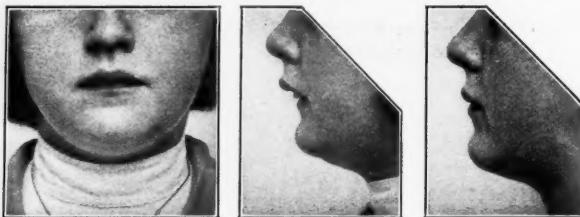


FIG. 12.—A.—Profile and full face of a mouth breather. Teeth shown in Figure 11 with the characteristic deformity of the mandible and of the lips and teeth.
B shows the results of treatment of Figure 12 A. Tonsils and adenoids were removed, the normal relation of the teeth established and the normal use of the nose accomplished.

asymmetry of the bony structures and a pathological condition of the soft parts. The nostrils are small and the dilators under-developed, often allowing the alæ to completely collapse. The exchange of air in the middle ear is greatly altered in mouth breathing, being dependent on the normal functioning of the mouth in respiration, and the action of the tensor and levator palati, making its exchange of air during swallowing. The loss of air in the middle ear has a direct mechanical effect upon the drum which, constructed to have equalized pressure on either side, finds itself in the mouth-breather with unbalanced pressure due to the diminished pressure from within. In consequence it becomes thickened, the mobility of the ossicles is impaired and we have the beginning of deafness in the child. The hypertrophy of the pharyngeal tonsil becomes an area of infection which is easily transmitted to the tube and is the beginning of the painful conditions of the middle ear associated with mouth breathing. As the development of the bones and muscles of the face is altered when mouth breathing is persisted in, so the muscles of the chest are altered and changed by the alteration of the mechanics. The prominent shoulder blades, the rounded shoulders and the "chicken breast" are deformities due to perverted muscular action of mouth breathing, and these deformities are just as constant and typical as the deformities of the bones of the face and of the occlusion of the teeth. The air in the mouth breather striking the post-pharyngeal wall at right angles requires a forced inspiration. This action persisted in changes all the structures of the chest.



FIG. 14

Alteration of function always produces alteration of structure. The mucous membrane of the nose and the accessory sinuses undergo structural changes as do the tissues of the lungs.



FIG. 14 shows the effects of mouth breathing due to adenoids for several years. The lips were so short this patient was unable to create vacuums after the treating of adenoids, tonsils and teeth, so the lips were strapped at night for one year



FIG. 15 shows the result of treatment of Fig. 14.

In our treatment of these cases it would seem logical, if our premises are correct, to establish at the earliest possible moment the

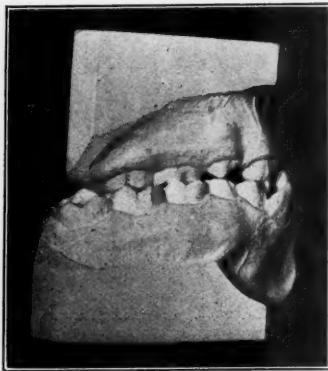
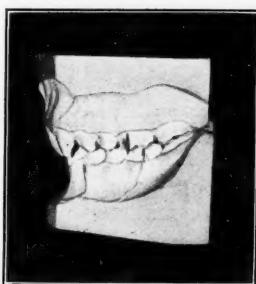


FIG. 16.—After the molars had been locked distally by mouth breathing the rhinologist relieved the nasal stenosis. In some cases the lips are of sufficient length to allow the child to become a normal breather; in these cases the upper anterior teeth, instead of being protruding, will be moulded back against the deformed lower and will produce retrusion of the upper teeth as shown.

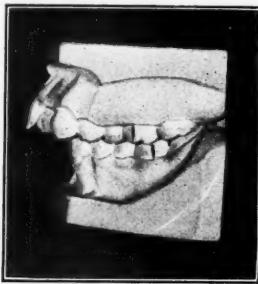


FIG. 17 shows the profile of the patient shown in Fig. 16, with the characteristic receding chin and too great an angle between the upper lip and the nose.

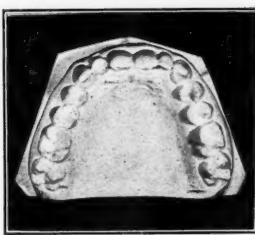
normal forces that are operative in the normal breather. The nose must be sufficiently clear of any obstruction to allow enough air to pass through it. The teeth must be placed in normal occlusion and the lips lengthened, if necessary, so as to allow the mandible to be suspended by atmospheric pressure maintained by the tongue and lips, which in turn will allow the normal exchange of air in the middle ear, and also



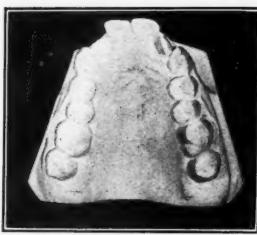
A



B



C



D

FIG. 18. A, shows the occlusion of a person who has had a period of mouth breathing, but was relieved long before the treatment of the dental arches. Note the characteristic distal occlusion and the retruded upper incisors, but note the good width of the upper arch due to the normal action of the tongue in creating the vacuums. Compared with B a patient of similar age whose nasal stenosis was treated properly, but whose length of lip would not allow of normal respiration being established without the treatment of the dental arches.

C upper to A. D upper to B.

Note width of C, due to action of tongue in creating vacuums.

Note narrowness of D, due to absence of tongue.

allow the proper functioning of the muscles and bones of the chest and of the lung tissues themselves. An approach to normality, not only in the nose, but also in the mouth, must be made before normal respiration can be established. Furthermore, if the premises are correct that the bones of the face are altered by the perversion of the forces of development due to the mal-locking of the teeth and altered respiration, we would expect an approach to normality if these unbalanced mechanics were made normal at an early age. What evidence have we to

prove an alteration of the bony structures can be accomplished by a rearrangement of the teeth and the restoration of function of the nose?

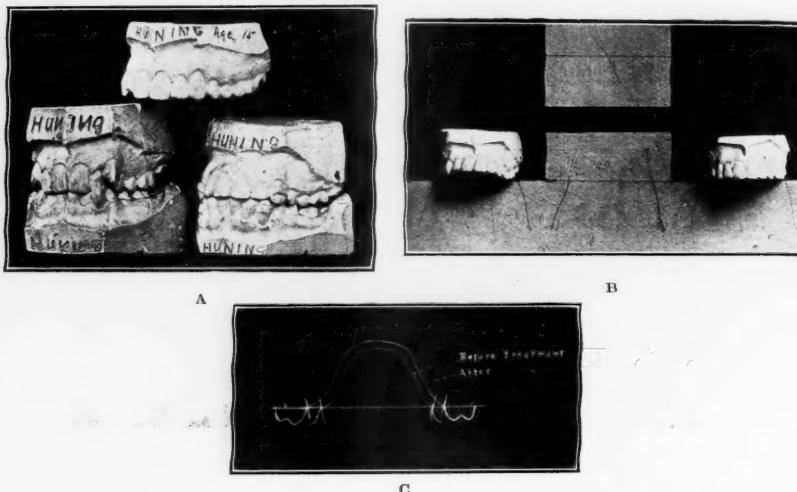


FIG. 19 shows the result of establishing the normal relations of the teeth and allowing the mechanics of normal occlusion to cause bone to form in response to its needs.
 A.—Before and after treatment. Upper single model shows the development of bone resulting from normal functioning of teeth.
 B represents inclination of teeth after treatment and their improvement due to use.
 C.—Changes in the vault due to above treatment. (Angle.)

The greatest contribution in establishing these points has been made by Dr. Angle. It has been argued by those who say there is no connection between the mouth breather and deformed arches, by stating



FIG. 20 shows the result of establishing normal occlusion on the bones of the face. Note lack of development of the mandible and the improvement after first treatment, and the almost perfect profile five years later, due to the normal action of the muscles and occlusion of the teeth. (Angle. Seventh edition. Figures 459-460-461.)

that the deformities of the permanent teeth are not similarly found in the first teeth. Any class of deformity of the second set can be found in the first dentition.

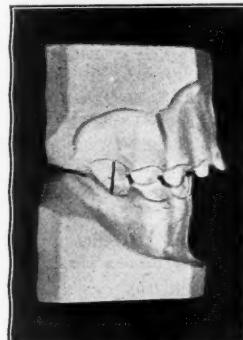


FIG. 21 represents a mouth breather. The rhinologist has made ample space for nasal breathing, yet the lips are so short that it requires a great muscular effort to close them as shown in picture on right. The vacuums are broken as soon as lip muscles relax (left-hand picture), and mouth breathing is the result.

If our efforts are to be successful in the treatment of these cases, we must recognize the mechanics of respiration. Only as our attention is given to all structures where the function has been impaired can we hope for success.

FIG. 22 shows the deciduous arch with the characteristics of mouth breathing in the anterior teeth. Such conditions are often found, but the normal mesio-distal relation of the side teeth would indicate another cause for the protruding upper teeth, which was found to be due to a habit of holding the tongue between the teeth. Age four years.

ADDENDA.

This paper is made up principally of quotations from the following sources:

“Evolution of Mammalian Molar Teeth,” OSBORN.

“The Mechanical Causes of the Development of the Hard Parts of the Mammalia,” COPE. *Journal of Morphology*, Vol. 3, 1889. “The Origin of the Specialized Teeth of the Carnivora,” *American Naturalist*, 13, March, 1879. “On the Mechanical Genesis of Tooth Forms,” *Proc. Acad. Nat. Sci., Phila.*, 1878.

“The Development of the Human Body,” McMURRICH.

“The Alveolar Process,” DR. FREDERICK B. NOYES. *The American Orthodontist*, May, 1908.

“The Influence of Dolichocephaly and Brachycephaly on the Teeth,” RAYMOND C. OSBORN.

“Malocclusion of the Teeth,” 7th Edition, ANGLE.

I am indebted for some of the illustrations to Drs. Raymond C. Osborn and E. H. Angle.

THE RELATION OF CONDITIONS OF THE ORAL CAVITY TO THE HEALTH AND MORALS OF SCHOOL CHILDREN.*

BY W. A. EVANS, M.D., COMMISSIONER OF HEALTH, CHICAGO, ILL.

Dr. C. N. Johnson says that Dr. W. A. Evans, author of this paper, has done more for the health of the city of Chicago than any other living man. That is endorsement enough to secure for his every word our respectful attention.

And when he speaks on our own special subject, "Oral Hygiene," as he did at Cleveland recently, every dentist who appreciates the possibilities of his own profession will desire to read carefully what he said. Unfortunately only part of his paper can be reproduced here, but the balance will follow as rapidly as possible.

These are the experiences of a man who knows whereof he speaks; of one whose station gives him a broad, practical view, a working knowledge. He is not a member of our particular branch of practice, and he cannot be accused of seeking to unduly emphasize the importance of our own specialty. Yet no words that have fallen from the lips of our most advanced thinkers, place dental service higher among the needs of all our people than does Dr. Evans in the different portions of this paper.

If our viewpoint of our work is narrow—if we are one of those who merely stop aches and fill cavities—let us read and re-read these words of fact and inspiration until we push the horizon of our possibilities out to its proper bigness. Then shall we view ourselves as among the most important servants of our race. And with that view will come the inspiration to make all our activities worthy of such a calling.—EDITOR.

LADIES AND GENTLEMEN: It has been a source of a great deal of pleasure to me that I have been enabled to be in Cleveland to-day and to participate in the beginning of a movement that I believe will be of enormous importance.

I understand I am not here by reason of my personality, but that I am here in part by reason of the fact that I come from a great city that, probably two years ago, discovered how it was losing by not having school inspection and how having seen this and understanding this, proposed that a remedy for the condition should be found and, as a result, instituted school inspection. I have with me here to-night some of the results of that school inspection, and I am going to read you some of the results of 1909, especially those that concern the people who are interested in the dental side of this institution.

We have one hundred school inspectors, each in charge of a certain part of the city and looking after the physical examination of the school children and for contagious and communicable diseases. These inspectors are supplemented by the services of 40 school nurses, the most important of whose duties it is to see that the discoveries made and instructions given by the school inspector, shall be acted upon by those

* Read at the Opening of the National Campaign on Oral Hygiene, Cleveland, O., March 18, 1910.

who are the legal authorities in control of the children needing help. As to this particular phase of the subject I shall have more to say presently. . . .

Of these 123,897 children examined in 1909, 63,199 were found to have physical defects. I trust you will understand that where 100 men are responsible for the physical conditions of half a million people it is not possible that there should be an ultimate examination. . . . The best we can expect is that the physical examination should be deep enough to discover the major defects that exist in the children. It, of course, cannot be denied but that the percentage of children that are in some measure defective is infinitely greater, and these 63,199 children do not represent the sum total of defective children in this group. It represents the sum total of children with defects of relatively great importance.

And now a few of the elements in the analysis of these figures and especially of the conditions that would interest you particularly. Far and away the most frequent defect found was defective teeth, and 44,483 children were found with teeth that were radically wrong. In addition, there were thousands of others with defects which were closely related to defects of the teeth, and some of these I shall call your attention to. And presently I shall show you the relation between defects of teeth, and the things concerning which I shall now speak. Enlarged glands 16,945; defects of hearing 2,830; nasal breathing 6,524; herpetic tonsilitis 27,556; adenoids 4,088.

I am sure that in the light of what you have just heard from Dr. Ebersole you are convinced that a majority of the bad teeth in the Chicago children were not found, and that there is great necessity that there should be a more accurate examination of those children's teeth than was made. But let me tell you how this thing presents itself to my mind. *Our machinery for the discovery of defects is infinitely greater than our machinery for getting those defects rectified. We have discovered defective teeth in the mouths of tens of thousands of children in that city and we have no adequate means of having those tooth defects rectified.* And until there is a better machinery for the relief of these conditions there is no necessity for better machinery in the discovery of those conditions. And that is, from your standpoint at least, the more important part of the story that I have to tell.

And now what is the importance of teeth to the community? I will speak briefly to three aspects of the question. The first of these is the importance of nutrition to the individual. Perhaps some of you have heard of the negro that was teaching his mule to get along without

eating; and he succeeded, but just as he got the mule taught so he could get along without eating, the mule died. There is a moral in this. We start out with the infant, and our constant experiences through life teach of the decreasing importance of food; therefore much the most important part of the life of an individual is infant life. Why, what is a baby? A baby is practically nothing but a stomach with a material amount of skin and other tissue around it. See the proposition that confronts a baby starting out weighing ten pounds and required within a year to increase his weight one hundred per cent. Now let us apply it to an adult who weighs 200 lbs. He has been informed that by March, 1911, he must weigh 400 lbs. He cannot have time to do anything but eat, and it will be hard to do it at that. All his energy and all his thought and all his resources will be concentrated upon one thing—taking in food and putting it into tissue. That is just what a baby is confronted with, and thus it is that within the first two years of life, the eating side of a baby's life, the intaking of food and the building of that food into energy and physical force and into the beginnings of mental force, are the great kinds of work that that baby finds to do. During the years of school life this is still on the increase, still of great importance. The food of a child—the proper mastication of that food, the proper character of that food, the proper assimilation of that food—is of greater importance than it is at any subsequent period of that individual's life. A child comes into school weighing 50 lbs. and, let us say, 4 ft. in height. It comes in of an indifferent manly type, and it goes out of that school a man 6 ft. in height, weighing 160 lbs., a man in intellect, in scope, in physical and in mental characteristics. That is the change that must be effected in that child during the term of its school years. Under these circumstances of what overshadowing importance is nutrition in the child during school years. This is perhaps the most important reason why the teeth must be perfect—that they may do well their share in the process of nutrition. And their share must be well done if the child is to do well.

(The next instalment of this paper is expected to appear in June issue)

AM I RIGHT OR WRONG?

By L. P. HASKELL, D.D.S., CHICAGO, ILL.

No one thing in my specialty of plate work, for sixty-five years, has been so very annoying as the construction of bicuspid and molars, by all the manufacturers, without exception, down to the present day.

It is well known that the lingual cusps of the upper teeth are shorter than the buccal, and that the lower are just the reverse. In White's former catalogue of teeth is an article entitled "Typical Tooth Forms" in which every tooth in the jaws is described and illustrated from every point of view. The point I make is here demonstrated as typical.

What have *all* our manufacturers been doing from the start down to the present time in regard to these typical tooth forms? They have paid no regard to them whatever, until within a few years, when an improvement was made by two concerns.

What is the trouble and what the remedy? Select a set of teeth at random and it is found that both cusps are the same length. What follows? It is impossible to articulate it with any natural or artificial tooth without grinding the lingual cusp. What then is found wrong? The pins are so high, even in long teeth, that the cusp is ground away or nearly so. What is the remedy?

Set the pins lower as there is no need of the long shank, as the tooth is not to lap onto the ridge but a little. Then the porcelain is longer at the same time, the lingual cusp is made shorter and none, or but little, grinding is needed. The artificial gum does not reach to the top of the lingual cusp, so is more natural in appearance.

Another serious fault is found in the small grinding surfaces of very many moulds, unfit for use, and yet used without thought by many.

For many years I have urged a change, but without avail until within a few years, when one house made the change. But unfortunately its bicuspids are so narrow, even with large fronts, that I cannot use them.

Several years ago I appealed to The Dentists' Supply Company and they kindly responded, to my great satisfaction, and I find in the bicuspids and molars of moulds 48-56-86-87-90 and 91 all I need. They are well shaped, well proportioned and have good grinding surfaces. I tell dentists who are removed from access to dental supplies to select a stock of these moulds of eight, remembering that they should be darker than the fronts, light, medium and dark yellow and some gray fronts. Then they will need to order only fronts.

I want to call attention to the fronts of mould 56, a beautiful mould and suitable for many of a certain class of cases.

REPORT OF THE PROPOSED DENTAL EDUCATIONAL AND HYGIENIC WORK IN THE CLEVELAND PUBLIC SCHOOLS*

By W. G. EBERSOLE, M.D., D.D.S., CHAIRMAN

Committee on Oral Hygiene, National Dental Association

(Concluded from March number)

THE following is the report of these sub-committees as corrected and recommended by the large committee:

EXAMINATIONS

Your sub-committee appointed to prepare and submit plans for conducting the examinations of the pupils in the elementary public schools of Cleveland respectfully submit the following report:

There are eighty elementary school buildings with their annexes, containing 54,662 pupils in the city of Cleveland.

We estimated that an examiner with his assistant will be able to examine the mouths of thirty pupils per hour. At that rate it will require 607 half days of three hours each for one examiner to attend to all the pupils. Or fifty men, giving twelve half days each, to accomplish the same.

We recommend that the principle of appointing one man for each school be carried out as far as practicable. This would call for eighty examiners. The list of men selected for this work by the Society to be submitted to the Director of Public Schools, who will, with the assistance of the Supervisors of Dental Examinations of this Society, assign with a certificate the candidates to their respective schools. The certificate being countersigned by the Director of Dental Examinations. The certificate blank practically that of Exhibit A. The examiner will report to the principal of the school and work in harmony with his or her direction. The examiner will make monthly reports of examinations made to the supervisor of examinations, and must complete his work by June 1, 1910. The examiner must be prompt in attendance and devote his entire time during the morning session. He must send the examination blanks to the school and instruct the principal to have the name, age, grade, school and nationality filled in by the pupil or teacher of the respective room at least two days before he expects to conduct the examination. The examination blank we suggest be similar

* Read before the Cleveland Dental Society. Courtesy of the *Dental Summary*.

to Exhibit B. The blanks to be filled in triplicate, one given to the teacher of the pupil, who will be held responsible for its getting to the parent or guardian of the child. The second given to the Director of Public Schools and the third retained by the Cleveland Dental Society.

The teacher will be furnished with blanks like Exhibit C, to be sent to parents upon request, who are unable to pay for dental services and are known by the teacher to be proper persons for free service. (This will require careful and judicious treatment to prevent the lowering of self-respect and self-responsibility.) This blank applying for free service may be filled by the parent or guardian and returned to the teacher who must endorse it and return to pupil with instructions how and when he may receive service at the clinic. (It might prove wise for the teacher to make an appointment by 'phone with the dentist in charge of clinic for the pupils. This is a matter of detail.)

Each examiner must provide or be provided with a woman assistant and necessary preparations for antisepsis. He will fill out the blanks in triplicate and sign them.

J. R. OWENS, *Chairman.*

J. F. STEPHAN,

HARRIS R. C. WILSON,

MILTON D. NEFF,

J. T. NEWTON,

E. L. PETTIBONE.

EXHIBIT B

Dental examination of Cleveland school children made under the direction of the Board of Education by the Cleveland Dental Society.

Name

Age Grade

School

Condition of the Gums.....G.....B.....

Use tooth brush, Yes.....No.....

Teeth filled, Yes.....No.....

Malocclusion, Yes.....No.....

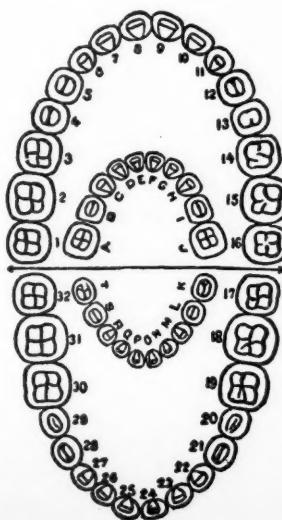
Urgent attention, Yes.....No.....

Nationality

This examination is not exhaustive.

Examined by.....D.D.S.

Marking on cut represents teeth needing attention.



The care of the teeth by brushing after each meal and careful examination by a dentist at least twice a year, and all necessary repairs attended to before the teeth are badly decayed, is necessary to health and comfort.

The child whose parent or guardian cannot pay for the necessary dental services may receive attention of the Free Clinic provided for this purpose, upon the presentation of a blank furnished by the teacher and filled out by the parent or guardian.

EXHIBIT A

Board of Education, Cleveland, O., 1910.

This is to certify that.....has been appointed Dental Examiner of.....school for the year ending June, 1910.

.....Director of Public Schools.

Approved by the Cleveland Dental Society.

.....Director of Dental Examinations.

EXHIBIT C

To the Director of Public Schools.

I hereby request that my child, or ward, name.....be given the service of the Dental Clinic. I am unable to pay for the necessary service.

Signed.....
Residence.....

The above pupil is a proper patient for the Dental Clinic.

Signed.....Teacher.
Date.....School.....

COMMITTEE ON CLINICS

Your sub-committee on Clinic reports as follows:

No. 1. It is recommended that there be a fixed time for clinics as to hours and days of the week from Monday to Friday, inclusive.

(Large committee suggested that hours of the day be left to be adjusted to school conditions.)

No. 2. Recommended that clinicians be hired for extended periods rather than that these services be rendered by many different operators, for reasons apparent: The influence on child and consistent method of operation.

No. 3. Recommended that eligibility of clinicians be such as to make them eligible to membership in Cleveland Dental Society and preference be that members of the society be engaged if possible.

No. 4. That a system of records corresponding and related to the examination blanks be used, also a special blank that will follow up the

school work of the child after treatment to note effect of services on general efficiency.

No. 5. Recommended that supervision of clinicians be by as few men as possible, by one if finances will permit, and that work be done as uniform as possible in method.

No. 6. That service be of carefully inserted and finished plastic fillings, pulp and root treatments, prophylactic measures and instruction, etc., that is the best that can be done for the child without installing as much expense as gold fillings.

No. 7. That a brush and tooth powder and antiseptic wash be furnished each clinic patient gratis, the formulae to be that of the profession under the society name and not proprietary.

Members of Clinic Committee

WESTON A. PRICE,

FRANK ACKER,

GEORGE H. WILSON,

W. D. BISSELL,

T. B. JOHNSON,

S. M. WEAVER,

W. S. SYKES.

The sub-committee on lectures and education begs leave to submit the following report:

Your committee believes that a lecture course should consist of four lectures under the following heads:

1st. Anatomy and Development of the Teeth.

The Physiology or Function of the Teeth and Oral Cavity.

2nd. The Care of the Teeth and Oral Cavity from a Prophylaxis Standpoint.

3rd. The Care and Treatment of Diseased Teeth and Oral Conditions.

4th. The Effect Produced by the Loss of Teeth and Other Faulty Oral Conditions.

The committee would recommend that five corps of four men each be selected to prepare lectures or talks on these various subjects, and when they have written or prepared their talks that the men assigned to each subject be brought together, and that the salient points be taken from each paper and combined, making a uniform lecture to be given by the four different men.

The committee would also recommend that the different corps of speakers be assigned one to each of the five nights of the school week, and that lectures be arranged for each school in the city, one lecture to be given each evening until the entire public school system be covered.

It is the recommendation that arrangements be made to illustrate all of these lectures and talks by the use of the stereopticon and such other paraphernalia as will illustrate the point the speaker desires to make. This includes such recommendations as retorts containing substances used in representing the effects of mastication on digestion, models and illustrations showing the result of faulty occlusion and loss of teeth.

This subject is of such a broad nature that the committee feels its inability, at the present time, to present any definite matter in this direction, much depending on the men who are selected to take up the work.

Respectfully submitted,

W. G. EBERSOLE,
W. T. JACKMAN,
HENRY BARNES,
IRVING BROWN,

W. A. SIDDALL,
D. H. ZIEGLER,
W. H. WHITSLAR.

Following the above, the committee of three decided that the lecturers should be chosen by the society as follows:

The committee to nominate say twice the number of men necessary to do this work and then have the society elect its representatives from this number, with the understanding that these men shall follow the will and wish of both the society and Board of Education.

Your committee on Education and Oral Hygiene would therefore recommend to the Cleveland Dental Society that,

1st. The plans and methods of securing the time or money to do the work in the schools, recommended by committee and endorsed by the sub-committee of twenty-two men, be adopted by the society.

2nd. That the recommendation of the sub-committee relative to the details of doing the work be taken up, discussed and corrected that they may be made to harmonize with the views of the members of the society as far as possible, but that it be especially and expressly understood that enough leeway must be given those who are to put them into execution, that the best results may be obtained and the work done in the most satisfactory and approved manner.

Respectfully,

Signed,

W. G. EBERSOLE, *Chairman.*
J. R. OWENS,
W. A. PRICE.

Dr. J. R. Owens then read a paper at the request of the committee of twenty-two which is as follows:

Address introducing the Proposition of the Committee of Dental Education and Oral Hygiene, of the Cleveland Dental Society, to start an examination, clinic and lecturing in the public schools of Cleveland, by J. R. Owens, D.D.S.

Mr. President and Gentlemen of the Cleveland Dental Society:

There is a world wide awakening of the people to the shortcomings of our economy of the political, industrial, social and moral world, and a re-adjustment is going on along the whole line, the old order giving way to the new. Knowledge is power. In the old order knowledge was possessed by the few. They used it to exploit the many. Democracy has extended learning so the many and those who are in sympathy with the many are possessed with the power to help mankind. This spirit of helpfulness is growing rapidly. It is antagonized by ignorance and cupidity, but it is bound to succeed, and as it does it will prove a blessing not only for those who are of the vast army of the helpful, but to those who ignorantly oppose it. To-night we are interested in the social and moral movement of this restless advancement. We believe that a sound body produces a sound mind, and sound mind sound morals.

The human body is the most intricate machine in the planet. All the mechanical appliances are used in its construction. In it is the most perfect water, heating, cooling and sewerage system. The telegraph, telephone and phonograph, color photography, optical apparatus and most wonderful library for the storing of knowledge, as well as central station for the telegraph, telephone and phonograph. This machine is so perfect that the operator in taking possession of it, knowing but little of its construction except as to touching the various buttons and pulling certain levers to make it go, by long using he becomes more expert, but after that experience comes too late when the machine is broken or worn out in spots and beyond repair. The operator who is familiar with every throb of the machinery and knows where the friction exists, or the pipes clogged, or wires disturbed and can fix them, has a great advantage over the ignoramus who knows only the buttons and levers. He can enjoy to the limit the heights and depths of living, because he can keep the machine in order and get the most out of it. We are interested in becoming good engineers of this wonderful machine, and have a desire to help others to understand its working and management.

We are specialists and are directly interested in one of its hoppers and the mill for preparing the fuel and other supplies. We think we

know something more on this subject than the other engineers, so we desire to give that knowledge to help the fraternity along.

There is a sentiment of the old condition of things, "Every one for himself, and the devil take the hindmost," and another, "It is not right for the thrifty to take care of the thrifless." They do not believe in giving a lift to the one that is down, but in the survival of the fittest, and the fittest they think to be the ones who through hook or crook get on in the world. But we believe in the brotherhood of men and we believe that it pays to lend a hand to those who are down. How many notable examples of those who were helped who could not help themselves, who have blessed the world with their lives of usefulness and genius.

The matter of expense for instituting examinations, clinics and lectures for the care of the teeth and instruction regarding the cleansing of the mouth and teeth will be the means of saving more money than it would cost many times over. First, in lessening the number of absentees from school, better ability to concentrate the thoughts of pupils who were before annoyed and sometimes frantic with toothache so their standing would be higher and would pass examinations where now they are dropped or have to repeat the year's study. It is estimated that the schools of this country spend twenty per cent. of the school fund for teaching, to repeat the lessons to the pupils who do not pass their examinations. It is estimated that seventy-five per cent. of the absentees from school is due to sickness. Of this I do not question but that half of those ill have trouble with their teeth.

Of various examinations held in this country and across the water, the percentage of children needing dental and oral attention is all the way from eighty to ninety-nine per cent. An alarming number of these have mouths that are handicapping the child for normal thought and work, and I am sure the reduction of such conditions would amply compensate and more than save the money expended for their amelioration.

We are not pioneers of this work. Russia started it in 1879. Eighty per cent. of the inhabitants of St. Petersburg were found to have defective teeth. In 1896, the dentists of that country petitioned the Minister of the Interior to organize a Department of Dental Hygiene throughout the empire.

Germany, Great Britain, France, Belgium, Holland, Denmark, Italy, Japan and New South Wales have started to combat this evil. In this country Massachusetts has endorsed it through its Board of Education, and the work is carried on by the Dental Hygiene Council by education through literature, exhibitions and popular talks.

In the State of New York the metropolis has a number of clinics

for the indigent poor. Rochester has one. In many states, New Jersey, Indiana, Illinois, Missouri, Iowa, Minnesota, Georgia, Washington, and I don't know how many more, dental examinations have been made in the public schools, and we may rest assured it will not stop there.

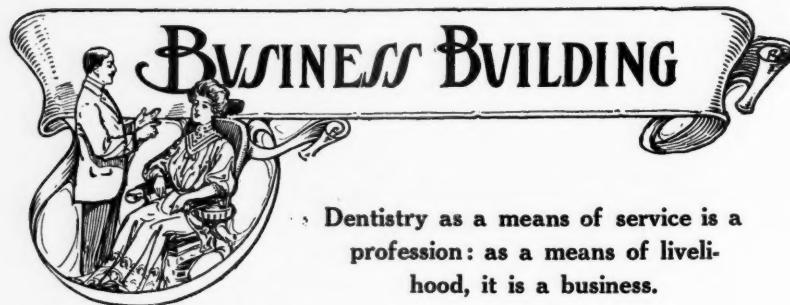
In our city we have a rare opportunity. It so happens that the Chairman of the Committee of Dental Education and Oral Hygiene of the National Dental Association is a member of our Society. The chairman of the same committee of the Ohio State Dental Society is a member of our Society. These are in harmony with the committee of your society. This means an opportunity that we may never have again. It means that our City Society may have a distinction of setting an example and crystallizing the type of teaching and work that should be established throughout the country and the civilized world.

We have the assurance of the coöperation of one of the chief dental publications of the country, which is published in Toledo. In fact, *The Summary* has begun a wise and far-reaching campaign of education already.

I do not believe there is any considerable opposition to the contemplated work of the Society. It is not going to be an easy work. Your committee feels that it will be a heavy burden to organize without cheerful backing by the entire Society. In the Rochester Dental Society they cheerfully increased their dues to make the work a success. We are not recommending that, but we do want every man to give six days' service or its equivalent, \$33.00 in cash. Then with the aid of the National Association, State Society and numerous supply houses, we hope to bring together necessary parts to make this coming year's work of the Cleveland Dental Society the greatest and best of its existence. *Will you do it?*

At the close of Dr. Owens' paper a resolution was passed by the Society, endorsing the recommendations of the committee, and instructing it to proceed with the work, and the work is being organized to start the first of January, 1910.

The Chairman of the Oral Hygiene Committee of the National Dental Association has guaranteed to furnish the equipment for the four clinics and this equipment is being secured and placed for the work.



Dentistry as a means of service is a profession: as a means of livelihood, it is a business.

WHAT IS THE MATTER WITH DENTISTRY TO-DAY?*

BY H. B. BUTLER, D.D.S., OGDENSBURG, N.Y.

You have all doubtless noticed that a number of our Dental Journals have been running a series of articles relative to the business side of our profession. These journals are issued by shrewd business men, who are ever alert to our needs, and they, for reasons best known to themselves, are of the opinion that we need something along that line. We, too, have known of this need for a long time, but for various reasons have kept very quiet about it.

Five or ten or fifty years ago we were handed a diploma and turned out into this bright and glorious world to be welcomed and rewarded. With these credentials we were to establish successful practices, and hammer gold fillings into the incisors of people of culture and refinement, for a fair but generous fee. That was five or ten or fifty years ago.

Not one of us has retired nor does one of us having acquired wealth, practice for the love of humanity. The question very naturally suggested is—why is not dentistry more remunerative? Would it not be profitable to us to throw off the mask all men wear, and have a little heart to heart talk about it?

In the first place we had a bad pace set for us. The barber and the blacksmith used to PULL teeth. And then the dentist came along. The barber and the smith charged a quarter for the work and so we did. We needed the quarter.

But one day the idea of educating the fellow with the tooth struck us, and when he came in again we tried it on him.

The tooth could be made a useful member of his body and we refused to extract it. But the fellow with the tooth wanted blacksmithing and he went to the smith and had it pulled, and we went into our laboratory

* This paper was read before several societies and received with great interest.

and thought it over and learned a lesson ourselves. The next time the man with the tooth came we met the smith on his own grounds and extracted the tooth and got the quarter.

However, the law came to our aid, and stated that the smith should no longer PULL teeth—they should be extracted by us—and we thought we saw things in a new light. But one morning we saw in our paper that Painless Pittsburg had opened parlors and made plates for \$5.00. Teeth extracted 25 cents, fillings 50 cents. And we were not going to see all the people go to him, were we? Well, not after that smith lesson!

One day a badly broken down molar was presented, and in a burst of professional enthusiasm we spent a half hour in preparing it, and built an amalgam restoration that was a credit to us, and I presume it is there yet. But when it came to naming our fee we remember that Painless Pittsburg advertised fillings 50 cents and so we charged—Well, anyway, we would like to see that fellow do as fine a piece of work as that.

To me it has never ceased to be a marvel that a tooth that is carious can be excavated, and into that living tissue a foreign body so skillfully inserted that it will remain there, giving service, comfort, and pleasing appearance for twenty years, and entirely arresting caries, but I must have a delusion, for Painless Pittsburg does it for 50 cents.

Now if you have a troublesome tonsil and go to a specialist, he carefully examines your whole throat, sprays it, and charges you one dollar, because he has a diploma of which he is justly proud, a good air plant, uses a beneficial solution and knows the anatomy of the part.

Or if in his judgment he considers it necessary, he meets you at the hospital the following morning, and surrounding you with every antiseptic precaution he exercises the troublesome member, and you pay him for an OPERATION. But it was worth it to receive such skilled treatment at the hands of so skilful an operator and you pay it cheerfully, and eagerly seek him at the first sign of similar trouble.

We remove a third molar. We have a diploma, we have to use a modern forceps, we exercise skill, and we know the anatomy of the part, but we lack *one great thing* that the M.D. has, for we do it at Painless Pittsburg or blacksmith prices.

Now why do we do it? Did we not work hard for our diploma? Have we not expensive outfits? Have we no skill? Does our profession show no men of deep thought or men of research?

Or is dentistry after all not a real profession, and does our diploma merely mean that we have a license to dispense dental supplies?

Thinking that I might profit by inquiry I put the question, "What

is the matter with dentistry to-day?" to several of the supply men who visit me. I asked Bert Johnson.

Now to my positive knowledge this man is a constant reader of five dental journals, and his knowledge is not limited to the good points his supplies may possess.

He asked me if I would invest \$3,000 in a business for a son of mine without first knowing that he had some knowledge of business in general, and of that particular line especially. Would I take such risks with the capital! But some one did that when we went through college and received our diploma; and that is our capital. He also stated that any business man could employ us, and by purchasing one ounce of alloy, could get enough out of it to pay us as much as we receive, and out of the profits pay rent and also purchase and pay cash for a ten ounce lot and get two discounts on his next trip. Well! I learned a lot right there. But this gold casting had taken up so much time that I had really not had time to think of anything else.

The business man would do it because he would charge enough and collect it.

I also asked Mr. Kelly the same question. He told me that dentistry was one of the most hazardous of occupations. The loss of an eye or a finger puts us out of it for good. He said that my nervous system was under a severe and continuous strain, that I was in constant danger of septic poisoning, that my position while at work, and the constant breathing of foul air, made me particularly susceptible to tuberculosis, that at best my years of efficiency were few, and that I was not getting enough out of it to insure myself against these menaces. I should take these things into consideration when I named a fee.

Mr. Hicks said he was sorry he had not gone into practice as he could have made money by it. He would charge all he could and would be sure of his fee before operating.

Mr. Norton told me that the trouble with dentistry to-day was that we fellows seemed to base our fees upon the materials used, which should not be taken into consideration at all.

And these are the gentlemen who visit us daily, and whose opportunities for observation are endless.

We dislike to say that we are not sufficiently remunerated for our services, but Dr. Louis Jack said at a meeting recently held in Philadelphia that of all the men he had known in dentistry ONLY ONE had died wealthy as a result of his labors in his chosen profession. And Dr. Jas. Trueman in discussing the paper said that if there were even one he was very glad to hear of it. And these two gentlemen graduated in the same class, 1854, fifty-five years ago.

Also let me read you a clipping:

A Fund for Old and Disabled Dentists.—At the twenty-sixth annual convention of the Minnesota State Dental Association, a fund for old and disabled dentists, to be provided for by the association was discussed and referred to a committee for report at the next convention.—*Minneapolis Morning Tribune.*

Defective Teeth and Disease.—Within a few months, Dr. Henry Upson, professor of diseases of the nervous system in the Western Reserve University, a man whose opinion is highly regarded by the medical profession, has published a little work on "Insomnia and Nerve Strain," in which he cites numerous cases where insomnia, melancholia, neurasthenia, dementia preeox and mania were discovered to have their origin in diseased or impacted teeth.

The bacteriologist has found the uncared for mouth the best possible place for the cultivation of bacteria, and as nearly all bacteria enter the body through the mouth, the importance of the care of the mouth and teeth as a factor in maintaining public health is established. Disease germs lose their strength and activity when the mouth is kept clean, and this is true of the germ of pneumonia, which is present in at least 15 per cent. of the human mouths. If the mouth is well cared for, the danger from pneumonia is very much reduced. This disease frequently follows another, and in preventing this the cleanliness of the mouth is of great importance. Ear trouble and eye trouble, and swelling of the glands of the neck, are often dependent upon dental diseases.

—*Brooklyn Eagle.*

Having diagnosed the case, let us confer as to a remedy or a means of removing the cause.

I believe the remedy to be education, but not as it has been administered for so many years.

A prominent physician who had been having remarkable success during a typhoid epidemic, met with his colleagues in consultation. When asked his treatment he said to their astonishment that he gave his patients egg nogg. He said, "I take a half pint of milk, one fresh egg, about two ounces of good old rye whiskey, and mix well together, grating a little nutmeg over the top. I give patient one-half teaspoonful and drink the remainder myself."

There is the case exactly. I would retain the old remedy, Education, but would administer it in large doses to the dentist instead of the public.

Educate him until he is proud of his calling. Educate him until he looks upon his diploma as a badge of honor and not a license to dispense dental supplies. Educate him until he looks upon his certificate

of membership in his society as a written guarantee that a body of men are looking out for his interests, and whose interests he is in honor bound to respect in return.

No chain is stronger than its weakest link, and every man's standing in his community has its influence upon the profession at large. There is where my business is your business. The way I conduct it is a matter of dollars and cents to you in more ways than one.

Right here comes up the old question of whether or not dentistry should be regarded as a branch of the healing art of medicine. That question should never have been discussed at all. Dentistry is a branch of medicine. If you do not so classify it, you at once place yourself upon the same plane as the chiropodist and the tonsorial artist, and I am not willing to be so classified.

That we are legally permitted to practice without a complete medical course is one of the most unfortunate indulgences ever granted any class of men. It has its belittling influence upon the importance of our work in the eyes of the medical fraternity; it impairs our position as compared with that of the physician in the eyes of our patients. It lessens their ideas of the value and importance of our work, and therefore sadly diminishes the fee we receive.

It is also very unfortunate for us that the physician does not have the detailed work upon the oral cavity that he does upon the rest of the anatomy during his course of lectures.

I am frequently called to the City Hospital to operate upon the antrum of Highmore. We will assume that it is entirely due to the lack of a surgical engine in their outfit. Why should the surgeon have to have a medical degree to drain a mastoid or a frontal sinus when I do not have one and am allowed to drain the antrum?

Our Dental Schools are not blameless for the regard in which we are held.

One of my own class stated that he was perfectly willing to let Dr. Darby and Dr. Trueman elevate the profession, but for him he was out for the coin alone. When a professional school has under its guidance for three years a young man of average intelligence, and fails to impress upon him other than those ideas, there is something sadly lacking in its curriculum. Also when a man after his second year of a classical course flunks and takes up medicine, and later changes to dentistry the standard is too low. And when an outcast from one institution is accepted and graduated by another it brands the latter as a commercial venture. Why not as well sell diplomas outright? Should we not have some interest in these things?

When a dentist does a creditable piece of work for an insignificant

fee we should go to him and show him that he should receive something for his skill, knowledge and time, instead of only for the materials he uses.

We would feel perfectly free to do this if there were any fraternal feeling among us. But there are only traces of it.

One or two from each town get together and have a cigar and think that we are good fellows. But how about the young man who has just started to practice on the next block at home? We ought to call on him and send him a patient some time with our card. Next time we see him let us ask him what he did and what he charged. If the fee was too small, show him why. Show him that he should have charged so much out of regard for your schedule. Then send him another, and his ideas of himself and of you will rise at once, and he will never become a Painless Pittsburg. Take him to your society with you and he will be an ethical man, but what can you expect if those men who should be his colleagues merely raise their chins when they pass him on the street. The so-called "cold shoulder" is the cause of more breaches of ethics than any one other cause.

But you will say Painless Pittsburg already exists. Now by Painless Pittsburg I do not mean merely the man who advertises. In fact his advertising really does us little harm. But the Painless Pittsburg that masquerades as an ethical man, we have with us always. We do not know where he stands as we would if he advertised.

At the last meeting I attended in Schenectady, a large placard at the door stated that if I was an ethical man I was welcome, otherwise please keep out. Now that I consider a great mistake. These men will never become ethical except by contact with or by the example of those who are ethical. We all wish that they were with us, but we tell them in every way, even to cold print, that they must not come. You can't convert a man to Christianity by prohibiting his entering a church.

Should our meetings be secret affairs, where one or two from each town may gather for mutual benefit to the exclusion of the rest? Could we do anything more to our own advantage than to bring some misguided colleague into the right way of thinking?

The professional standing of every man publicly known as a dentist, whether in regard to the quality of his work or in regard to his schedule of fees, has its influence upon our capital stock, and yet we seem to have little interest in the fluctuations.

The professional standing of each of us can be regulated, and it is to our great disadvantage if we do not make it of the highest type, but to my mind that is but the beginning. I have great admiration for such of us as claim that dentistry is on a par as a calling with Medicine. I

admire his pride, I admire his loyalty, but I deplore the fact that he is deluded. The fee that he daily received should be enough to dispel it. It is not so regarded by the physician, by our patients, nor in our hearts do we so regard it.

What is the trouble with dentistry? Is it the public? No! Is it the work itself? No! Is it the men in it? YES! We are little men and we receive little fees.

We have charge of the whole oral cavity. When it is repeatedly proven that many nasal obstructions can be entirely relieved by widening the narrow arch and we fail to see it, we need medical education. When it is repeatedly proven that various intestinal diseases are caused by bad oral conditions, and we fail to perceive or relieve them, we need medical education. When it is shown that various nervous diseases even to insanity are caused by impacted or diseased teeth, and we do not even know the first thing about it, we are little men.

And we do not read or study. Compare your professional library with that of the M.D., the lawyer, or the clergyman. And still we call ourselves professional men!

To bring our branch of the healing art up to its proper plane we must first place ourselves upon the broad foundation of as thorough a medical education as we are able to obtain, and then we have to be but honest. Do honest work.

When a case is presented look the whole ground over, see everything and give an honest opinion, and maintain that position at all hazards. Insist upon saving that first molar if it is in your power to do so. Conserve dental tissue by prophylactic measures instead of waiting for caries to furnish another case. The whole oral cavity is under your charge. Consider it as one of the most important working parts of the whole anatomy. Be honest and slight nothing.

AND LAST, BUT NOT LEAST, FOR YOUR OWN SAKE, FOR YOUR COLLEAGUES' SAKE, FOR HEAVEN'S SAKE BE HONEST WITH YOURSELF AND CHARGE AND COLLECT A PROFESSIONAL FEE.

SHARPENING FILES

To sharpen files, boil them in a potash solution, brush them with a very hard brush, thoroughly dry them, and for thirty seconds dip them in nitric acid, and pass over them with a piece of linen spread over a weaver's card. The acid in that way is left in the fissures only, and eats into the steel without affecting the surface which has been dried by the linen. The same procedure may be repeated until the desired depth is obtained. The files must be afterward carefully rinsed in water, and dried.—*Revue Internationale de Prothèse Dentaire (The Dental Cosmos)*.

PRACTICE BUILDING HINTS

WHAT SHOULD A DENTIST DO TO BUILD A PRACTICE?

By H. W. BALLARD, DAVENPORT, IOWA.

(Prize Article)

FIRST. He should be a graduate of a reputable College of Dentistry, register his diploma or license and perform such other obligations as the state in which he expects to practise requires.

Second. Care should be taken in the selection of an office as to location, light, etc. An office should be obtained in a good office building, on, or as near as possible to the main thoroughfare of the city, as it is best to be where the people pass most frequently, so as to make it as convenient as possible for them to visit him. After his practice is established and he has made a name for himself, he may build his office in the woods and the public will find him and make a beaten path to his door.

Third. He should look well to the equipment of his reception room taking care that it appears orderly, neat, tasty, dignified and inviting, and thoroughly suitable to the comfort and convenience of the people who may have to wait.

Then look well to the operating room, taking pains to have it complete, with a good chair, good engine, good cabinet, good instruments and sanitary in every respect. The laboratory should have equal attention, especially as to light and cleanliness.

By a good chair, etc., is meant the best; as he expects to do only the best work at the best fees, he should not begin by cheating the patient by not using the best materials, instruments, etc. The best work can only be done with the best tools, and while purchasing these instruments, etc., the dentist should bear in mind that something cannot be had for nothing. He should not allow a dealer to sell him an article just as good as so and so's, for less money, because it cannot be done. The reliable dealers and manufacturers have put a price on their goods, at which price there is a profit to them and to which they are justly entitled; in making these prices they have considered competition, so that the prices are as low as can be made on a business basis. If something is offered "just as good" for less money the chances are the article has been slighted somewhere, as it costs the cheap dealer just as much to conduct his business as the reputable dealer, and usually a little bit more, as he does not do the volume of business; nor should he, as his only cry is price, and it should be, quality.

Every person to a greater or lesser degree appreciates quality and the prospective patient will take mental note of the equipment of an office; if it be pleasing to the eye, up-to-date and sanitary, it will be noted. This equipment assists the dentist to obtain good fees, it prepares the patient's mind, so that he anticipates a good fee. He sees the outlay of money the dentist has made and knows that it costs considerable to "keep up" such an office, and he knows he will be called upon to do his share for value received.

Fourth. The dentist should cultivate a refined, pleasant and cheerful disposition; never be *cross* and *crabbed* to, or in the presence of, a patient, no matter how sorely he may be tempted. He may be firm and decisive without being spiteful and cranky.

A dentist should become acquainted with as many people as possible, as every person with whom he is acquainted is a possible patron. It should be the object of the Practice Builder to show as many of his good characteristics to as many people as possible, as he thereby increases his chances of making patrons.

If he is acquainted with only fifty people and he has obtained sixty per cent. of them for patrons he would have but thirty patrons; but, if he is acquainted with three hundred people he need have but ten per cent. of them for patrons to have as many as in the former case; hence to build right, he must increase his field, if possible.

Customers, in other words, make friends, get acquainted; let all know your profession and method of doing business, as some of the people you know will think of you sometime, especially if you are an acquaintance, and give you a trial when in need of such services.

When you get this trial make your work do the balance of your advertising; have the patients so satisfied with the quality of the work done for them that they will not hesitate to recommend you to someone else; satisfied patients do not hesitate to do so; we all have heard them time and again.

To build a substantial practice it is necessary to specialize. No one person is master of all kinds of dentistry. Find the branch in which you are most proficient and best adapted and specialize in that branch. Should you be an expert as an extractor with Somnoform, or any other anesthetic, see that all your acquaintances, including the dentists, are made aware of that fact; they will all send you business if you are the best in that branch in that vicinity; you may also get any price (within reason) you may choose to ask.

You have no doubt noted that the medical men who have the largest and most remunerative practices are specialists; that is, one treats only skin diseases; another nose and throat; another is a diagnostician

for stomach troubles; another is a surgeon who performs only laparotomies; they are nearly all of them adepts in their particular branch; they are also about as busy as they can be and they charge any fee they please and get it. We are all glad to have this artist or specialist in this particular branch of medicine do our work the best his or her pocket-book affords, and if we can be induced to want this particular kind of work sufficiently our pocket-book stretches to accommodate us to the demands made upon it.

The writer knows of a case of a boy requiring an operation. He was earning but thirty dollars per month, the specialist let him off for \$150.00. The bill was paid and all concerned are happy. Another case of a woman whose only means of support was cooking, needed an upper denture; the writer recommended a porcelain one as the best for her. She had it made, paid \$125.00 for it within a year and has been satisfied ever since. Think the dentist is, too.

To be a successful practitioner one must buy his materials right (very few dentists do this).

Concentrate your buying. Select some reputable dealer from whom you can get the best service. Make a deposit to enable you to obtain the best possible discount, then buy what you can use within six months or a year, making your selections so as to obtain quantity rates and discount also. Do not buy from every salesman who enters your door. Do (not buy from "carpet baggers" with some supposedly special bur, broach, or instrument. If you want the article and it is worth having, your dealer has it, or may obtain it for you and at same price or better, especially if you have a deposit with him.

Do not worry with fear that you may be overlooked if some new and good article comes into the market.

The dealer takes the best of care of his good customers. The ones who give him their exclusive business he wishes for customers all the time; the dealer gives the best service he knows how to give in order that the dentist may always be a customer and no other dealer secure him. Little favors will always go to the dentist who is doing his best for a dealer and not buying from every Tom, Dick and Harry. Do not imagine that the dealer does not know his best customers and friends; he can tell pretty well how much of a dentist's business he is getting. It is the dealer's business to know.

In fact, keep your office equipment up to the highest standard. Keep your reputation and record clear. Do the best work you know how to do; follow out the above hints and you will never have cause to complain of your practice.

A REMARKABLE BUSINESS BUILDING OFFER

THE following letter contains more of interest and possible profit to all DENTAL DIGEST readers than many articles of greater length. The dentist who makes this offer is amply able to make good. He has made good for himself and by himself. He has helped many others to do better. And now his offer of help is so placed that it will benefit many who are beyond his personal contact.

This is paying in a very practical and honorable manner that debt which each of us owes to his profession. We are as we are to-day because dentists who never knew us toiled and gave us of the fruits of their toil. Freely we have received; freely let us give.—EDITOR.

Editor DENTAL DIGEST:

“ Brother Bill’s Letters and the business building articles in THE DIGEST will do much good for the dental profession at large. They will create a desire in the mind of many a man who has long been in a rut, and then, Mr. Editor, that man will put it up to you to find out how he is going to accomplish it, how best to furnish his office, the simplest and best method of bookkeeping (business bookkeeping), to show cost of production, etc. I think you will finally be compelled to establish a department in your magazine to answer these questions (note letter, page No. 247, of April DIGEST, ‘Will Some One Advise?’ C. F. has success almost within his grasp and needs but a very few suggestions to aid him). I have long known the psychology of dress, stationery, of proper color schemes in office decoration, and the value of proper business methods. I am desirous of aiding you and my profession and, I therefore, make you the following offer:

“I will take two dentists, in or near New York City, who are desirous of increasing their practices, and will offer them suggestions as to office furnishings, business methods and stationery which I believe will increase their practices 25 per cent. in twelve months. Dentists having practices of from \$4,000.00 to \$5,000.00 per year, at moderate fees, preferred. The names of the dentists selected, together with my own, are to be held as secrets, but all the facts are to be open to THE DENTAL DIGEST, for publication at all times, under proper conditions.

“Yours truly,”

(Name withheld.)

If you wish to enter your name as a candidate to profit by this offer, write the editor, giving the conditions of your practice as outlined in the letter, also your age.

EXPERIENCES

Editor DENTAL DIGEST,
New York, N. Y.

MY DEAR EDITOR: I must extol your straightforwardness in commencing that series of articles called "Business Building," which seeks to promote the economic welfare of our professional brethren. In view of this month's (Feb., '10) editorial in the *Cosmos*, I am led to give expression to some thoughts which agitate my mind. You may or may not publish this communication. I desire to give you a record of professional experience which will stand the test of your most searching investigation. I am one of those same fellows that have been "prepared" for college through passing the Regents' examinations and of whom Dr. Kirk speaks in such bitter terms. I did not, however, have the means of going to a preparatory school, as I had to work every day of the week in a factory (also giving music lessons) in order to keep soul and body together. I finally entered college and there discovered a multitude of fellows placed in circumstances as bad, and even worse than mine were. But strange to say, in spite of my tolerably fair power of observation, I noticed very rarely, if at all, any students who were wholly begotten of the expectation that at the end of the curriculum they would be in the possession of the documentary evidence that they were *licensed to make money by the practice of their special profession*, and who entered upon their careers *with minds sodden with the greed of money-getting as the whole duty of man*. And in spite of this, Dr. Kirk's flowery outburst, it somehow happened quite the contrary. A few high school "turn-outs" of my class, whose names I shall mention on request, did not know enough to have graduated, while some others of the above-mentioned, who succeeded in getting their D.D.S., opened full-fledged, disgusting dental parlors. On the other hand, our Faculty prize man hails from a preparatory school and so does the man who got the operative prize, while most of our "honor men" also belong to this particular cast. As to my humble self, I was made editor-in-chief of the College paper and, as the paper of the *Odontologist* for 1907-'08 will testify, all my energies were bent to uplift the ethical conceptions of the student body; to elevate their ideals and to make them realize the importance of their chosen profession and their great responsibilities to those whom they are serving (at the College Infirmary of the New York College of Dentistry) and will be called upon to serve. I do not remember a discussion among the students which dealt with their prospects as to money-making. And we

know people will always discuss that which agitates their minds. In fact, the students' articles published in the *Odontologist* during that year will plainly show what interested them most. If anyone should follow those articles he will plainly discover that nearly everyone played the future "leader" in the profession. They were all scientifically inclined, as can be testified by most of the rejected "scientific articles" which are still kept in the *Odontologist* office. However, no sooner did these same individuals come out into actual practice than all their student ideals were discarded, all their student "professional dignity" abandoned, and they threw themselves upon unsuspecting humanity with the hungry greed of a pack of wolves. Whence such sudden retrogression? Such sudden transition to the worse? I had the opportunity to interview some of these "fallen angels" and the gist of their sad story amounted to this: "I had no money to buy my outfit and the dental depot sold me it on payments. These payments must be met regularly. Supplies must be paid for regularly. Rent must be paid regularly. Everything has a clock-like regularity about it, except the getting of patients, and after getting the patients—the impossibility of collecting the bills. Ergo, down with ethics, confound the profession; I am going to act for myself henceforward. 'Down with the patient's interest, etc., etc.'" Ah, the sad plight of these innocents that were ignorant of the most simple business principles! How much suffering inflicted, how much dignity humbled to dust, how many total and partial failures due to the lack of knowledge of a few business principles which could easily be taught in two or three lectures. At the New York College of Dentistry there is one professor who is specially qualified to supply the students with this particular need in a most gratifying manner. The sincere tone of his delivery, his penetrating gaze, his own success in his professional life would teach the students in a most convincing manner. It was my good fortune during my school days to be honored by invitations to his office and each visit was a lesson which will benefit me for life. I saw there at a glance that after acquiring skill it is the deportment and conduct of a professional man that may spell failure or success. The office had the air of prosperity, because there was a persistent business atmosphere which imbued the patients with the value of the service they were getting and the proportionate insignificance of recompense he was getting. It is in such prosperous environments that we can expect the development of everything there is best in a person. I would like to assure Dr. Kirk that if all those of my classmates, who as students cherished high ideals, had found themselves in favorable environments by simply knowing how to take care of the business part of their chosen profession, we should have more "scientists," more artists and a greater proportion

of better, conscientious dentists. Yes, in conclusion I will say with Dr. Kirk, "Let us stop and realize the situation. We are confronted with a condition of affairs upon the correct solution of which the very existence of ethical professional dentistry depends."

And therefore, Mr. Editor, continue your holy crusade and, by teaching the young fellows how to start in the world successfully, make the abandonment of student ideals and their mellow, dreaming conception of ethical principles an occurrence most rare and exceptional.

Very respectfully yours,

A. E. BERYLSON.

*Editor THE DENTAL DIGEST,
New York City.*

DEAR SIR: I have been planning for some time to drop you a few lines to express my appreciation of Brother Bill's good services.

When at the Dental Manufacturers' Exhibit in Toronto last September, I subscribed for the *DIGEST* (primarily to get the series of articles on Artificial Dentures), it was the best investment I ever made. Brother Bill's Letters opened my eyes and about October 1st I began to raise my fees—with considerable fear and trembling, I assure you.

For about seven years I have had a total practice of about \$2,500 a year, on the average. Last year there was a very general failure of crops in this part and I confidently expected a lean year. So it was with much trepidation I began to increase my fees in certain lines. The thought of even \$10.00 a week of increases was so alluring that it made my mouth fairly water. One night I had a vision of an extra \$1,000 a year—all clear cream you know—but I put it to one side as too visionary indeed.

I found so little difficulty in collecting the increases that about two months ago I made increases all along the line and now ask the increased fee with all confidence. In five months I have had *two* good *kicks*, but I kept my temper, argued the matter out and got my fee. During that time I have kept strict account of the amount of the increases in every case and find that I now have \$405 more in the bank than I would have had, and of this, \$220 has been the increase in two months. So you see my vision of \$1,000 a year extra seems likely to be not so visionary as I imagined.

Another peculiar thing is—possibly it is only a coincidence—that during the past five months I have been fairly rushed with work. Never

had such a busy time in seven years, and this, mind you, notwithstanding the aforementioned poor crops.

Things now look very hopeful. I am beginning to think I may accumulate a modest competence for my old age. So give my best respects to Brother Bill—my own boy, my only son, is plain Bill, too—and tell him I wish him all success in his mission.

CANADA.

*Editor DENTAL DIGEST,
New York, N. Y.*

DEAR DOCTOR: I began practice in October, 1904, with no knowledge of business principles whatever, as I had always been professionally engaged, having taken up Medical Gymnastics after graduating from college in Sweden in 1890. In this work I had had patients referred to me by physicians, and collecting for my services had consisted in sending my bill at the end of the month, and receiving a check a few days later.

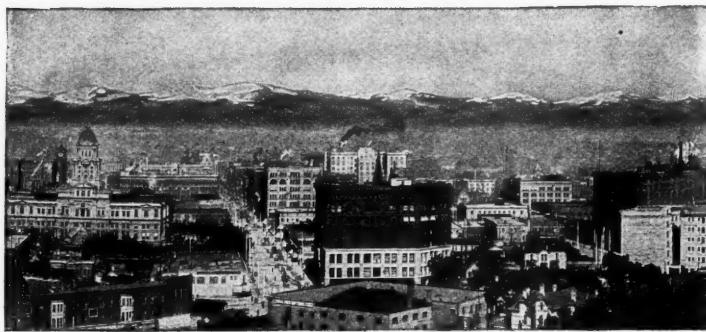
“Too much ethics” was a handicap at the start. I presume others have made the same mistake, viz., considering the “rules of ethics” the whole law in dentistry, and not daring to venture beyond them for fear of offending. Knowing neither how to estimate cost, nor how to collect for work done, when collecting was necessary, I felt more than once that my venture into dentistry was a wrong move with, possibly, failure in the end, unless something special should happen.

The awakening came, I might say, with the sample copy of “Brother Bill’s Letters,” which I received last summer. I knew that was the kind of information I needed. As the months passed, my understanding of the business side of the profession grew apace, so that I believe that the larger increase in the amount of the practice for 1909 is, in a measure at least, the direct result of the business education which THE DENTAL DIGEST has given me. I am glad that the other journals have taken up this educational work, and only wish I had known those things five years ago.

Living expenses for my family of two grown-ups and three children have saved me the trouble of computing *savings*.

Very truly yours,

MASSACHUSETTS.



A GLIMPSE OF DENVER.

Population over 200,000. One mile above sea level. In sight of perpetual snow.

KNOWLEDGE, RECREATION AND HEALTH TO BE HAD AT DENVER, JULY 19TH TO 22ND, 1910

THE National Dental Association, the National Association of Dental Examiners, the National Association of Dental Faculties, the American Society of Orthodontists, the Delta Sigma Delta Fraternity and the Psi Omega Dental Fraternity, all meet at Denver during July.

As this will be the first meeting of the National west of the Mississippi River, many will want to attend for the sake of a vacation, and the opportunity to see some of the many attractions for which the state of Colorado and the city of Denver are noted. President Roosevelt said "that Colorado is the playground of America." The state is nearly twice the area of all the New England States. No part of the wonderful Rocky Mountain Range is more picturesque than that part which crosses Colorado and many of the most famous peaks of the Rockies are found in that State. Here, indeed, Nature has put on exhibition many of her choicest wonders. The summer climate of Colorado is ideal. No matter how hot the days may be, the nights are always cool.

The city of Denver is one mile above sea-level, being only fourteen miles from the foot-hills; it has a good view of the main range of the Rocky Mountains. An excellent street car system permits of easy city transportation. Good roads in the city and outskirts are a delight to automobile enthusiasts.

The Auditorium, in which the Meeting will be held, is one of the finest convention halls in the country. It is a new, well-ventilated, fireproof building with ample accommodations for the literary program, the clinics and the exhibits, and being centrally located it is convenient to car lines and hotels. There will be large exhibits by leading manufacturers of dental goods and medicinal supplies.

The literary sessions will be held in the same building and upon



Gateway to the Garden of the Gods.

Dental Association, the American Society of Orthodontists and the Psi Omega Dental Fraternity; the Savoy Hotel will be the headquarters for the National Association of Dental Examiners and the Delta Sigma Delta Fraternity and the Shirley Hotel will be the headquarters for the National Association of Dental Faculties.

These hotels are all located at the intersection of 17th Street and Broadway. This constitutes one end of 17th Street. The main entrance of the Union Depot is at the other end, and street cars run between the two points. The hotels of Denver are numerous and adequate, where accommodations may be had for \$1.00 per day and up, for room without bath and \$2.00 per day and up for room with bath.

A fair average rate will be about \$2.00 and \$3.00 for one and two persons respectively in room without bath, and \$2.50 to \$4.00 with bath. Reservations for hotel accommodations should be made in advance, through the Local Committee.

Good restaurants and cafés are to be found throughout the business section.

There are many excursions which can be taken from Denver, consuming from several hours to several days, and many resorts in the Mountains, where any kind of out-door recreation such as hunting, fishing, camping, horse-back riding and automobileing, can be had.

Round trip railroad rates to Colorado common points during the summer season, June 1st to

the same floor as the manufacturers' exhibits and chair and table clinics, but entirely apart from them, so that every feature of the meeting will be available within a circumscribed area.

The Brown Palace Hotel will be the headquarters for the National



Summit of Pike's Peak.

Published by courtesy of the Colorado & Southern Railroad.

September 30th final return limit, October 31st, prevail about as follows:

Chicago, \$30.00; St. Louis, \$25.00; Omaha and Kansas City, \$17.50.

Notice: It is not generally known that these tickets can be purchased through to Colorado Springs and Pueblo at the same rate as to Denver. By doing this the tourist can visit the numerous points of interest south of Denver (Colorado Springs, Manitou, The Garden of the Gods, Pike's Peak region, Pueblo, etc.) without any additional expense for transportation. These tickets allow unlimited stop-overs, within final limit, in both directions at Denver and Colorado Springs, giving all the time desired to attend the convention, take in the side-trips, etc. Tickets may be validated for return passage at either of the points mentioned, leaving it optional with the purchaser whether the ticket is used south of Denver.

For detailed information, vacation suggestions, estimates, etc., write to

DR. H. F. HOFFMAN,
Chairman Publicity Committee, N. D. A.,
612 California Bldg.,
Denver, Colo.

POLISHING THE PROXIMAL SURFACES OF FILLINGS.—The problem of polishing the proximal surfaces of gold or other fillings is often difficult at the best. A plan that has afforded me a great deal of satisfaction where teeth were crowded, and when it was desirable to use the polishing strip, was to take the scissors and cut the end of a suitable strip to a point and then to make a hole about half an inch from the end for the insertion of dental floss. A convenient length of floss pulled through six or seven inches, the two ends laid together, the strip thus engaged can be readily drawn between the teeth by first slipping the floss between in the usual way from the occlusal surface and then pulling the attached strip either towards the buccal or lingual side. When the point is in sight it can often be pulled far enough with the cotton carriers to enable the operator to grasp it with the fingers. It is always advisable to coat the strip on both sides with a lubricant, as vaseline.—
DR. E. BALLARD LODGE, *Dental Review (The Dental Summary)*.

BROTHER BILL'S LETTERS



(During the year Brother Bill has received several letters dealing with specific cases and asking for replies.—Here is one and the answer.)

Dear Brother Bill: I've been reading your letters for some time and want to improve my financial condition, but don't see just how to go about it.

This is a town of 2,600 people, with two other dentists. For some operations we get fair fees, but for amalgam fillings we get, as a rule, fifty cents. I want to increase that price to 75 cents or one dollar. Can you tell me how to do it without losing patients?

My Dear Doctor: One day, more years ago than I like to remember, I worked out the answer to the questions you have asked. For several years I had been facing the very same conditions that confront you.

My patients were mostly people in moderate circumstances. They wanted "silver fillings" in their "back teeth," because the fillings were cheap and because these teeth didn't show. To their minds "teeth that didn't show" weren't worth much.

It had been the custom in that town to put in "silver fillings" for fifty cents each. When I located there I put the price at a dollar each, because I knew instinctively that a filling had to bring at least that price to show any profit. I've heard a good many dentists say they wished they had opportunities to place all the amalgam fillings they could put in at one dollar each; they wouldn't ask anything better. That may be true for certain classes of fillings, but a dentist cannot place amalgam fillings at a dollar each, take them as they run, and make any money, *if he does them properly*. I'll try to show you why.

I was "brought up" on the gold standard. That is, I was taught to put gold in practically all cavities in all teeth. I offered my patients gold fillings in all cavities, but a good many of them insisted on amalgam. And before I learned to educate them, I put in amalgam whenever they said amalgam.

When the Big Idea* hit me, it shed light on many things in my practice. As I put it more and more into effect, I saw that my previous failures at making a profit on certain forms of work had been my own fault, and not the fault of my patients. And nowhere did I learn more than on the subject of amalgam fillings.

I had been taught and had been in the habit of telling my patients that the "life" † of the average amalgam filling was not more than four or five years and I saw many cases that seemed to prove the statement. But every once in a while I was confronted with an amalgam filling that had been in position from 10 to 20 years and was still protecting the tooth. I believed the life of a gold filling to be much longer.

When I began to study out why a compound gold filling in a bicuspid or molar outlasted a similar amalgam filling in the same tooth, I got a shock. I found that it didn't depend altogether on the material, but that the most important reasons were probably in the character of the work on the cavity. Here is what led me to that belief.

For a gold filling, I extended the cavity, trimmed back overhanging walls, bevelled the margins, made an occlusal retaining form, and shaped a flat seat on which the filling could rest without rocking. Often I had to put a protective filling over the pulp. Then I secured separation between the teeth and adapted a matrix so as to form the filling properly at the cervical margin and allow plenty of contour at the contact point. In finishing, all margins were burnished and the contact point carefully preserved. It is no wonder, as I look back on it, that many of those fillings endure to this day in comfort and efficiency. There was enough work in them to warrant their lasting forever.

It took me, on the average, from $1\frac{1}{2}$ to 2 hours to prepare such a cavity and put in such a filling. I got from \$4.00 to \$6.00 for such a filling. The cavity preparation alone took from 30 to 50 minutes.‡

When I compared my procedures on amalgam fillings with those on gold fillings, I saw several things.

First. The cavities for amalgam, even in the same location, weren't half so well prepared as those for gold. Sometimes they weren't properly extended; frequently the margins were not as carefully prepared. I didn't get the same form of retention or the same contour. No wonder the fillings in such cavities weren't as good. The amalgam fillings

* The Big Idea was "Good Service at Good Fees." It is fully presented in Letter No. One in the Book "Brother Bill's Letters," given free with a year's subscription to THE DENTAL DIGEST.

† I meant that it protected the tooth for only about that period and then leaked or came out.

‡ Allowing myself a salary of \$2,500.00 per year, and office expenses, such cavity preparation alone involved a cost to me of from \$1.00 to \$1.66.

didn't have a fair show. The more I studied the subject the more I saw that proper cavity technic largely determined the value of the filling.

Second. Well done amalgam fillings cost me more than \$1.00 each. In order to make my salary I had to get at least \$2.00 an hour for my time. That meant that this very common kind of an amalgam filling must be finished and I must be ready for other work in thirty minutes. I cannot work fast and well, and I hate to cause unnecessary pain, so it often took me more than thirty minutes to properly prepare a cavity, protect the pulp from thermal changes, etc. It was out of the question to prepare the cavity as it should be, to secure separation, adapt a matrix, properly mix and condense and finish the filling in that period of time.

Third. I had to have my salary or quit practice. I'd had all the experience of working for nothing that I cared for.

Fourth. That a well-prepared cavity and properly placed amalgam filling would prove much cheaper to any patient, in the long run, at \$2.00 or \$2.50 than improper cavity preparation at \$1.00 or 50c., or even for nothing. The chief value, in my eyes, was the tooth itself. And a poor filling doomed it before its time.

How was I to get \$2.00 for an amalgam filling when my competitors got only fifty cents? By this time I'd learned to look to other people for the answers to such questions. So I went on an information hunt among the stores. (The best post-graduate course I know of in business is to watch a good salesman and remember and study his ways.)

I needed some shoes and I went to the nearest big town to see what the shoe men would teach me about getting a price. There were four shoe stores in that town. That meant plenty of competition among the shoe dealers. In other words, every shoe dealer was facing his competitors on quality and price, whenever he sold a pair of shoes. That was what I was doing on fillings.

I went first to the cheap store. The clerk showed me shoes up to \$3.00 in value, but they didn't appeal to me. Some of them were coarse and stiff and clumsy. When I mentioned these things the salesman said merely: "Those are good shoes with lots of wear in them." I'd watched storekeepers so much by this time that I knew this fellow wasn't a real salesman. He was only there to hand out goods. He didn't make half of the good points for some of those shoes that he could have made; and I went out with my money.

In the next store I found a better salesman. He got out the good shoes first, the \$5.00 a pair kind. When I said, "that's too high a price," he brought some \$3.00 and \$4.00 shoes and tried them on. They

didn't exactly fit, so he said, "let's just try this shoe on," and slipped on the \$5.00 shoe. It certainly did fit. He referred to the fine quality of leather and explained that the maker used only oak-tanned leather of the finest quality, that it stayed soft, wore well and took a beautiful polish. He called attention to the fit about the heel and under the arch of the foot. By this time he had laced the shoe up and persuaded me to stand on it. It felt well and looked well.

Practically every one of us is susceptible to the feeling that the higher the price the better the article. And certainly no shoe ever looked or felt better than that one. But I wanted to learn salesmanship as well as to buy shoes, so I repeated my statement that \$5.00 was too much. I wanted to put him up against the competition of cheap prices just as I was. So I professed myself dissatisfied with the \$4.00 and cheaper shoes and started out with the statement that I felt sure I could find something to suit me for less money.

The salesman had done his best (and mighty well, too) at showing me goods. Now, he went one step further. He didn't belittle his competitors or offer me cheap goods. He wasn't insistent, but he went with me to the door and said in the most gentlemanly manner, "I am sorry you do not see your way clear to take one of those pairs of shoes. We've been in the shoe business 12 years and we know every good make of shoe on the market. Those I've shown you are the best to be had for the money. When you've looked about, I'm sure you'll see that, too. I shall be glad to show them to you as often as you like."

Well, sir, he made such a hit with me that I almost gave him my order right then, but I kept to my resolution and went out. I visited the other two stores, but either they didn't have the shoes or the salesmen weren't as good, because they couldn't suit me. So I went back to look at the \$5.00 shoes again. Five dollars was really more than I wanted to pay, but I felt myself becoming more and more attracted by those shoes and the way I'd been treated.

The salesman was as pleasant and willing as before. He put the shoes on my feet, had me stand up and walk (they were certainly comfortable) and got me pleased with their appearance. When I objected to the price, he told me that they would wear out enough soles to bring the cost per pair of soles down level with the cheaper shoes. Finally I yielded and took the shoes.

When I started home, I didn't know just how to use what I had learned from the young chap who'd sold me the best he had at more than I intended to pay. When an idea is surging through my brain, I can't do anything else till I work it out. I have to be alone and walk and walk and walk till I get some result. It was five miles to my home,

but it didn't seem five hundred yards. I couldn't ride. I just had to walk. I felt something coming in my mind. And walking and isolation were my formula for helping it along.

What had that chap done to make that sale? He had shown me the goods; he'd given me a lot of real information about them; he'd been patient and polite and willing. And finally he'd gotten me to see them through his eyes. That had settled it. *When I saw the goods through his eyes, I paid the price.*

I couldn't show people my goods. Couldn't I, though? Yes, after a fashion; and the more I thought of it, after a pretty good fashion, too.

Then about information. I had that and to spare. All I'd been taught, all I'd learned from observation and experience came to furnish me with information that I could make interesting and valuable to the patient.

As to courtesy and patience. I saw at a glance that while I hadn't been intentionally discourteous, I'd often failed, compared with that salesman. I might have done more than I had. And it would probably have paid well.

By the time I had this all thrashed out, for it came only an idea at a time, I was in front of my own door. I went to the office and began to study how I could show my particular line of goods with respect to good amalgam fillings in bicuspid and molars. I remembered that one must have the goods before he can show them. So I got from my "tooth box" a collection of extracted bicuspid and molars. Some of them contained just the kind of fillings that usually failed. Some of these I left as they were, and in others I prepared proper cavities. Into some I put the best fillings that I could. Somehow they didn't show as much as I had hoped, so I took those bicuspid and molars, with some sound teeth that had been removed in clearing mouths for plates, and arranged them in the form of a natural denture. I had to do this a number of times, using plaster as a base each time, but in the course of two or three weeks I had a set that was very useful. Every time I showed it to a patient I learned something new in the way of possibilities. By practice I learned how to make clear and impressive the points I wanted to give them. Finally I could show proper and improper cavity formations, proper and improper contouring, etc., the natural form of the dental papilla (I showed this between perfect teeth exhibiting good contour) and some other things. Then I'd show people the same things, as far as possible, in their own mouths. I soon learned how to explain to them some disturbance they hadn't spoken to me about, and this gave them confidence. In other words, I made of myself by practice and study a salesman selling knowledge, skill and honest service.

I decided to charge \$1.00, as before, to people whom I couldn't get to pay more, but to explain to them frankly that no dentist could afford to put more than 20 to 30 minutes on a filling at that price *and that it couldn't be done as it should in that time.* Then I explained that if the cavity were properly prepared and filled, the tooth would be of much greater service for a much longer time. And by means of the teeth mounted in plaster, I'd make plain why.

Some patients still took the \$1.00 fillings, but with a frank understanding as to the conditions. But a constantly increasing number took the better fillings, to their satisfaction and my profit. Some of those fillings have been in place a good many years and they are still doing good service. I'm proud of a good many of them and I can't remember when one of this class has failed.

Maybe you think it not right to do the cheaper form of work. Maybe you think I should still be doing \$2.00 or \$3.00 worth of work for \$1.00, and be still poor and hard-up while the very patients for whom I slaved have every necessary comfort. Perhaps you're right—ethically—and you're free to follow that course. But I owe myself some pleasure. I'd rather own a car than walk. I'd rather eat sirloin steak than chuck steak. I'd rather see my wife well dressed and enjoying the comforts of life than round-shouldered and rough-handed from unrelieved drudgery.

I'm getting on toward the age when I shall be too old to practise and I want to have just as much pleasure out of life then as I do now. Amalgam fillings, if well done, at \$1.00 each, mean chuck steak and poverty and unremitting work till I die.

And amalgam fillings at 50c. each are plumb foolish, that's all—just foolish. And pretty nearly suicidal.

Yours,

Bill

BREAKING OF CONTRACTION OR EXPANSION ARCHES.—The breaking of contraction or expansion arches frequently occurs at the portion where the thread begins. In order to avoid this, the arch is held at that place with a pair of flat tweezers in such a way that part of the thread and part of the smooth wire is held in the tweezers, thereby preventing a breaking of the weak portion.—*Geo. Poulsen's Bericht (The Dental Cosmos).*

REPRINTS*

"AS OTHERS SEE US"

Elbert Hubbard patronizes a dentist who, in Hubbard's words, is competent and is a gentleman. For reasons that do not concern us, Hubbard wrote "A Little Journey to a Great Dentist," first, we understand, as an advertisement, and secondly, as a book. The important thing is that it was printed and widely read.

The reception accorded it by dentists was determined by the ideas of the dentist who read it. Some dentists entered protests and two such letters appear in the March *Philistine*, together with the answers to the same. Requests for March *Philistines* met with the response that the edition was sold out and more were being printed—so these letters and replies are being read.

Woven into this correspondence are some striking comments on dentists and dentistry from a man who admires the teachings of dentistry, but who sees us from a disinterested viewpoint—and who says clearly what he sees.

Maybe such criticisms make us wince—but that doesn't keep them from being true. And if they are true, they are helpful even if they do hurt; and we should be thankful for them.

For reasons of policy the name of one dentist is here changed to Dr. X.—EDITOR.

I BELIEVE in dentistry.

I believe in the efficacy of the tooth-brush.

I believe in the divine ministration of dental floss.

The old lady's plan of scrubbing out the mouth of the boy who told a lie, or used bad language, had a certain scientific basis in fact.

The liar and the cheat has a dirty mouth, and usually he has a breath that would put a cesspool to the bad.

Truth-telling people are not fevered. Also, they prize cleanliness, for cleanliness is not only next to godliness, but it is godliness.

Most diseases begin in the mouth. It is the misuse of the mouth and the neglect of the teeth that cause most of our physical woes.

My friendship with Dr. Tilden, Dr. Angle, Dr. Cady, Horace Fletcher, Linford Smith, Eugene Christian and other fairly good men and true has accentuated certain things in my mind, and one of these truths is the necessity of the care of the mouth.

And when one writes, he writes of the things that are in his heart.

* The department of "Digests" give way to these reprints this month.

Literature is a confession, and all good writing—like mine and Bill Reedy's—is thinking aloud.

And so I've been thinking aloud on the subject of dentistry and diet, and some of my thoughts have kicked up a deal of cosmic dust.

It is a dangerous thing to think. You are sure to be misunderstood. Safety lies in talking to yourself—in hiking for your hole and pulling the hole in after you.

And who do you think are out after me with epithet, snickersee, insinuation, innuendo, galling criticism, gentle gibes, the tin-cans of obloquy, the bean-blower of rhetoric, the hellety-deviltry-dam of polite correspondence?

You could not guess in a year!

Why, it is the very men I have done most for, and upheld best, and boomed loudest—the dentists.

The dentists are after me. This proves the old adage of Terence, the Roman, who said, "Your enemies are those you have helped most."

It would be funny were it not tragic. And the tragedy lies in the fact that dozens of dentists think that I am injuring their noble perfesh. So they are calling on me to take stovain and write no more until I know what I am talking about.

I have received over fifty letters from dentists within the past month calling on me to repent.

Then I have received a few letters from dentists, of a very different tenor—and these give me hope to think that my cause is just. Also, they prove that all dentists are not bughouse and candidates for the hutch.

I herewith print one of these kindly and sensible missives just as a sample:

DR. EDWARD E. JOHNSON,
67 WABASH AVENUE.

CHICAGO, ILLINOIS, December 24, 1909.

DEAR MR. HUBBARD: I have read your various articles on dentistry and am greatly pleased with them. The article in the December "Fra" is fine. I am so delighted with your concise, sane and ethical grasp of the entire dental situation that I hardly know what to say to you, or how to offer my earnest thanks for so presenting this subject to the public. We dentists have all been wrestling with the same careless public for years, and it had seemed like a mighty thankless task until I read your splendid article.

What I want to say is this: Would you please reprint this article, making a beautiful little Roycroft pamphlet of it? If so, send me a thousand, with bill. I'd give the booklets out judiciously to my patients, to be read and passed along.

I wish all the dentists in the United States would give you an order for a thousand of these—it would educate the land.

I beg to remain, dear sir,

Sincerely yours,

EDWARD E. JOHNSON.

And now follows one of the other sort of letters I have mentioned:

160 PARK PLACE, BROOKLYN, N. Y., December 22, 1909.

DEAR FRA ELBERTUS: As a professional man with some ideals, and jealous of the good name of the mistress I serve, dentistry, I strongly protest against the three-page emanation of "tommyrot" that you wrote for the advertising section of the October "Fra" and which has since been issued in the form of "A Little Journey to a Great Dentist"—all for the purpose of boosting an Advertising Dentist.

The advertiser in dentistry is branded by our code of ethics as a Charlatan, and his name is anathema with the great and honest majority of our profession. And so I challenge the truth of your statement when you laud this advertiser as being on a par with such ideal professional gentlemen as Dr. Evans, whom we all honor as being one of the leaders of our profession, who has helped to place it on its present high plane in the service of humanity.

There are in the United States thirty to forty thousand dentists, the great majority of whom are self-respecting, follow the code of ethics, belong to the societies, have high ideals regarding their profession and its tremendous power for good in the field of preventive medicine, and who look upon the man who advertises his abilities as unworthy their respect or consideration.

The enlightened among the community are gradually coming to realize that they should shun the advertising dentist as they would the patent-medicine faker, or the shell-game specialist; and the time is not far distant when the dental-parlor man, depending upon advertising for his patronage, will be an anachronism; because the public is learning that the competent dentist, practising along ethical lines, and giving his individual time and skill to his patients (instead of handing them over to a bunch of so-called "specialists"), has no need to advertise. His patronage comes to him entirely through recommendation from one satisfied patient to another.

You may publish this letter, and I shall be glad to have your views on the subject of dental ethics, as expressed in print in the way of criticism on my letter.

With greetings of the season, believe me,

Sincerely yours,

CHARLES CHRISTOPHER VOELKER.

In my mind, Dr. Voelker does his profession a wrong in referring to it as a "mistress."

A profession should not be a mistress, and is not, any more than a dentist is a pimp. To suggest that dentistry is a female of easy virtues, isn't either pretty, nice nor true. What Dr. Voelker means is that the particular Dental Society to which he belongs is a mistress.

This society, club, frat or coterie is a mistress, and she is a jealous one. She is a fuzzy-wuzzy, artificial, whimsical, dictatorial, fault-finding, tyrannical, hand-painted Agrippina.

As a dentist, if he wishes, Dr. Voelker can look after the incisors and molars of his friends and enemies in any way, at any scale of prices, advertising in any way he deems proper, and it is nobody's business.

It is all a matter between him and the patient. The customer wants certain work done—he applies to a man he believes can do it. The dentist does the work, and the man pays (or should) and that completes the transaction.

Does it? It certainly does. There are three parties to every transaction, says Adam Smith—the buyer, the seller and the public. And so long as the buyer and the seller do not injure each other or interfere with the rights of the public, they are free to do as they wish.

With Dr. Voelker, this is not enough. He introduces a fourth party, and this is his mistress—the Dental Society. The man intent on a clean mouth knows nothing about Voelker's mistress. All this patient wants is skilful service, done quickly and if possible, painlessly.

Voelker does not decide for himself as to what is right and wrong—his conscience is in the keeping of his mistress. Also, his mistress looks after his morals, for that is the business of a mistress—so I am told by a man who has one.

And as for Voelker's mistress, she surely is a vixen. Voelker stands ready to vilify any man his mistress does not like.

Reduced to its simplest terms the case is this: Voelker belongs to a union. X doesn't. Therefore, Voelker calls X a scab.

Ethics means morality; it is the science of right and wrong.

It is all right to belong to a society, a church or a union, but to revile folks who do not is to exhibit a woful lack of the ethical concept. The fact that a man advertises, does not prove that man's inability to do work of a high grade, any more than you can assume that because a man does not advertise he is safe and competent.

Dr. Evans has been noted herein as an ethical dentist, but the fact is, Dr. Evans was one of the greatest advertisers the world has ever seen. He filled the teeth of royalty, and let the fact be known by telegraph, cable and newspapers that King William of Germany had done this, that and the other for Dr. Evans, the Great American Dentist! Dr. Evans got more free space than any actress who ever lost her diamonds or her character.

Now, to call a man a charlatan because he does not belong to your society, church, lodge or party, is not only unjust, it is worse. It is silly.

Doubtless there are advertisers who are unworthy; but Voelker does not distinguish between the poor and the bad.

Dr. X advertises—therefore, says Voelker, Dr. X is a charlatan. This is so because the code of ethics, formulated by Dr. Voelker's mistress, says so. Not only this, but X is anathema—which means accursed, abominable, outrageous, unclean.

To my mind, Dr. X's plan of employing specialists is eminently wise and proper. In any event it is his affair, not mine, nor Voelker's.

X has no mistress—he has his work. All superior men do their work largely through the selection of helpers. I am a printer and a

bookbinder, but instead of working all day at the case or at the bench, I employ a hundred or so able and skilful men to do things for me. And the real fact is, they do the work a deal better than I can, or in fact, better than any one man can. They are satisfied with the wage I pay them; and Voelker has no right to call them bad names or repudiate them before the world as incompetents.

And because I advertise, and because I employ these specialists, I object to being branded a charlatan, or having my name cried anathema, or dictation or somebody's mistress.

All the great banks, newspapers, department-stores and insurance companies do their work through specialists, whose names are not blazoned on the blackboard.

My advice, then, to Voelker is:

First, to get rid of his mistress, and get one who is younger and not so bossy.

Second, to allow other people to live their lives and do their work in their own way.

Third, not to write complaining letters to a third party, and censure this party for assisting a man Voelker does not happen to like. Because to do so, borders on the secondary boycott, a thing which Judge Gould says is not only unethical, but criminal.

Fourth, to remember that the one unethical thing in the universe is to "brand" any one with a bad name, especially so if this person happens to be in the same line of business as yourself, because none of us is unprejudiced where our interests are concerned. The business world no longer knocks on a competitor.

Voelker needs hypophosphites, fresh air and exercise, also mental massage.

Now here is another letter, pitched in a slightly different key:

80 WEST FORTIETH STREET, NEW YORK, *December 3, 1909.*

MY DEAR FRA ELBERTUS: So you have made a "Little Journey to a Great Dentist"! But why did you do it, Brother Hubbard? Of course we understand that these journeys are expensive, and that presumably Dr. C—— paid the freight. But did he pay enough, and did you really need the money? Was it worth while! Did C—— pay you enough to repay you for what you have lost in the esteem of many good people?

I have heard this matter discussed by dentists. And the general remark thereon is to your discredit. Have not your ears burned recently? The sum of the verdict against you is that your last "Little Journey" is unworthy.

Do you remember when we met at Buffalo and you dined with the Interstate Dental Fraternity? Do you recall that I nominated you to be an Honorary Member of that Fraternity, and took the pin from my own vest to pin it upon yours? Did

you know that this honor has been conferred upon but three men—two really "great dentists," Professors Godon and Sauvez of Paris, and yourself?

If you were but an ordinary member of this order you would be summoned before us. Being an "Honorary Member" I write to ask whether you will consent to sup with us again, and have a heart-to-heart talk? Have you the courage of your convictions? At your own convenience will you meet with us and eat with us, and permit us to announce that Brother Hubbard will give further discourse upon his "Journey to a Great Dentist"? Perhaps you know better than we know how a dentist should manage his business in the best interests of himself and of the community. Personally, I would like to debate the question with you, and to hear what you have to say—and to let you hear what I will have to say.

It is up to you, Brother Hubbard. Will you make good? Will you come and prove us wrong, or if proven to be wrong, will you give the ethical dentists the same sort of boost that you have given the advertising fellow? Will you come and get material for "A Great Journey to Some Little Dentists"?

Cordially yours,

R. OTTOLENGUI.

DR. R. OTTOLENGUI is ex-President of the Interstate Dental Society, a competent dentist and a charming gentleman. On his printed letter-heads his name appears thus: R. Ottolengui, M.D.S., D.D.S., LL.D.

Being an ethical dentist, and acknowledging the fact, Dr. Ottolengui never advertises.

You will please notice, however, that the last paragraph of his letter asks me to come and get material for a free write-up. And so it seems that an ethical dentist is not really one who does not advertise, but simply one who does not pay for his advertising.

I do not wish to tell any man how to run his business. I do not blame him if he does not advertise; but I do blame him if he condemns a man who does.

Dr. Ottolengui wants me to advertise for him, and as I am a kind and generous person, I now present him some valuable space.

The assumption that all advertising is charlatanry goes back fifty years or more, when the makers of nostrums discovered that by the use of space in newspapers, the public could be exploited. Business then was mostly on the basis of barter. The legal maxim, "caveat emptor"—"Let the buyer beware"—mirrored the times.

Legitimate advertisements were limited to bare announcements.

A. T. Stewart's first advertisements read this way: "The public is invited to inspect some Irish Linens at the store of A. T. Stewart." That was all.

To use a page was regarded as vulgar, brazen, bold and suspicious.

Not until the days of John Wanamaker did the Dry-goods Trade dare tell what it had and describe the fabric. And then it was done on a new basis—to wit: You had to have the thing you advertised.

Here was a brand-new proposition—the idea of honesty and reciprocity in business.

But it was before this that the Medical Societies adopted their rules against advertising. And the so-called Science of Medicine never moves, excepting as it is kicked.

Dental Societies were founded on the lines of the Medical Societies, and sprang out of them.

At first, all dentists were barbers or physicians. And when it was intimated that dentists were not doctors, the dentists winced, minced, jiggled, ambled and swore a halibi.

Dentists are thin-skinned yet on the subject. Only a few years ago all barbers were tooth-pullers and leeches.

Dentists ought to hold their heads high and tell the doctors to go to hell. Dentists are a necessity, but doctors are a luxury—and one which most people are better off without. No good dentist should apologize for being on earth. Yet dentistry has been tolerated and patronized by the men of the bolus and catheter until many dentists are prone to grovel in the presence of a sure-enough M.D.

The ethical code of the Dental Societies is a straight lift from the gentlemen who modestly call themselves "Regulars."

The words "irregular," "non-ethical," "illegitimate," all come to us from the days when doctors were priests, and you were damned both in this world and in another if you did not do goose-step. And the lofty attitude of certain dentists now is the rudimentary survival of a tyrannical tendency.

Dentistry represents a division of labor—a division demanded by the growing common sense of the time. But with dentistry has come a lot of the fads, frills, fuss and feathers of Medicine, and Medicine got its dogmatism from Organized Religion.

The greatest enemy of progress the world has ever seen has been the Religious Trust.

It has stood for tyranny in its every form. The Religious Trust has had a rope to the foot of all of us. Branded as anathema—I guess so! if you dare hint the fact of something better.

Then comes Medicine, deadly dignified, with its brass-plated sciolism, ignorant of Nature, but learned in books, denying the right of a healthy child to go to a public school unless it has been given a disease to keep it from catching one. Also, fearful that this healthy child will have a disease, and then give a disease to those children already declared to be immune from disease, its punishment is illiteracy.

Medical Tyranny is a big, nasty bulldog, demanding that you produce scars as proof of health—and offering to supply them—and in-

sisting that a smooth, clean skin is anathema; but Dental Tyranny is a fice that would boycott, not only the dentist who advertises, but those who advertise for him.

The Dental Trust is an offshoot of the Religious Trust, a sort of fibroid tumor grown out of a social cancer.

Let the Dental Societies come out of their comatose state. To advertise is no longer immoral.

The association of men for mutual study and social interchange is beautiful, but an association that formulates a code of false ethics is atrocious. There are enough actual sins without making any by hand.

The falsity lies in this: the assumption that the advertiser is unable to make good his promises.

This harks back to a time when most advertisements were fraudulent.

But the times have changed—the man who advertises now can not afford to misstate. He must produce the goods. And just here let me say that if I did not know that Dr. X made good I would not have written his ads.

Moreover, it is the mind of the times that if you have a good thing you ought to let people know about it. Success, to-day, turns on human service, and in human service there is no high nor low.

These little curs that yelp at Dr. X because he advertises and because he employs specialists, would do well to look to their mangy pelts and pedigrees, and leave the St. Bernards alone.

As for Dr. X I will not belittle him with a defense. He has practised dentistry for over thirty years, and in one city. Families that patronized him a quarter of a century ago, still patronize him. He is no "cheap dentist"—his tariff is above "union-scale." His helpers are trained and skilful men who make more money working for him than they could alone. And anyway, that is their business, not Voelker's, nor Ottolengui's. X gets the business, and he satisfies his patients.

The tendency of the times is all toward patronizing the man who advertises—and that is why the "ethicals" howl.

As for Dr. X not being a credit to his Alma Mater, this is only another way of saying, "The religion of my mother is good enough for me."

A man who is a man improves, if he can, on all the things his mother had to put up with.

Another thing, X had an Alma Pater, a thing few dentists ever had. His father was a dentist, and he really learned the trade at his father's side, and was a dentist before he entered college. And so skilful was he that the college wanted to hold him as a professor.

I have been one of Dr. X's clients for years, and I protest against being picketed when I call at his office. I demand the right to choose my dentist, just as I choose my baker or butcher or candlestick-maker.

Also, in behalf of the men and women who work in Dr. X's offices, who are my friends, I object to the statement that these people are white slaves in the keeping of an arch rogue, who is anathema.

Who is Voelker and who is Ottolengui—with their foreign accents and names—that they dare fling out such a statement and try to besmirch my sanity and good intent, because I do business with this man whose name they screech as accursed!

Yes, Dr. Ottolengui; I'll debate with you on the right to advertise and the ethical beauty of publicity at any time you wish. The only man who should not advertise is the one who can not make good.

And now—the soft pedal, there, professor!—isn't it possible that the average dentist, working in his little office, meeting the pathologic and depressed, pounding away in a little hole two inches square—the customer carrying away the work—isn't it possible that he needs a broader outlook and more ozone?

I think so. Every dentist should have a hobby. Let him play golf, ride horseback, raise cattle, farm—get out of his office and frolic. Only thus can he preserve the generous, calm, serene point of view.

Also, I would say if he is a really good dentist, and knows he can make good, let him advertise the fact to the world and not affect a modesty that is none of his. A dentist is no coy, shy, young maiden. Rather, he is a grass widow—he knows what he wants. Let him speak out! I want every good thing advertised, because this world is short of good things. Only about five per cent., or less, of our population patronizes a dentist as they should. There are forty thousand dentists in America. There should be two hundred thousand. Let Voelker and Ottolengui advertise to the world just what they can do, and then when the work begins to pour in, hire a few, strong, fine young men to help them take care of the patients.

That Interstate Dental Society has pyorrhea alveolaris. Its teeth are all loose, and should be pulled, and plates made. It is old, senile, stupid, and has lost its gimp, guimpe, gamp, and gumption. It's too old for a mistress, and too silly for a seer.

Advertise, gentlemen, advertise!

Get the work, and then make good.

Don't yammer at X: imitate him.

Gargle your mouth and use the cuspidor, or it is you for a demnition gargoyle.—*The Philistine*.

COME TO SPRINGFIELD MAY 17-18-19-20, 1910 *

WHAT is it—when—where?

The big automobile ride during the State Meeting next May at Springfield.

What's that you're saying, Mr. Dentist? Did you say you'd been on sight-seeing trips until it made you peevish to think about one?

Look here, old chap; don't you talk back to us. We don't care if you've toured Timbuctoo in a wheelbarrow, you never took a trip like this.

Say, can you spare a few minutes? All right, just open up the throttle of your imagination a little and you'll find yourself down in old Springfield.

You're just coming away from one of the sessions about 4 o'clock in the afternoon—Gosh! What's that? Are you seeing things?

No, my dear sir; you are not seeing things. That is a solid quarter of a mile of "buzz wagons" lined up in front of the Capitol Building waiting to take you and all the rest of the convention, ladies included, out riding.

Do you want to go along? Well, I guess you do. All right, step into this sixty horse-power Packard, and we'll take you on a personally conducted trip.

Yes, sir; it is a very nice car. No, sir; it doesn't belong to a dentist.

What is it? Don't any of these cars belong to dentists? Let's see—Oh, yes—you see that tandem motor cycle way down at the tail end? Well, that belongs to a dentist.

Pull your hat down tight now, and tuck your whiskers into your vest so that they won't get into the chauffeur's eyes, for we're going to go some.

Now, sir, you're going south. Didn't take us long to get you going south, did it? You see that house on the right hand of the street? Well, Lincoln was married in that house.

You say you like the shade trees? Glad you do. We try to arrange everything for the comfort of our guests.

No, sir, that loud noise you hear is not a riot. That is Dr. Don M. Gallie three blocks ahead, holding a little confidential chat with Dr. Dittmar.

You say it gives you a headache? It's too bad, but I'm afraid it can't be helped.

No, we're going west now; we turned several blocks back.

* The Editor took the liberty of changing the heading.

Ah, here we are! just entering Washington park. Most beautiful driving park you were ever in, eh? Well, sir, that's just what nine thousand, nine hundred and ninety other fellows have said.

That's a spring, Doctor, where the car ahead just stopped. Mighty fine water—would you like to drive up and get a drink? You'd rather have what? Beer? Shame on you, Doctor. No, sir, we're not going by the brewery. Impossible, Doctor, we have to stay with the parade.

Beg pardon? That good-looking gentleman who gets out and walks up the hills? Ah, that's Dr. G. W. Cook. No, sir, he isn't doing it for fun, but because the chauffeur insists on it. He says his car is only fifty horse-power.

Now you're going by the Illini Country Club. Hello—you know those two boys playing golf, do you? Not boys, you say? Oh, a thousand pardons—Dr. Lester Bryant and Dr. Hal. N. Orr. It's rather difficult to see when you're moving so fast, you know. They ought to be in the parade.

No, Doctor, you're not in the park now. You're riding through Hawthorne—a residence district. You'd like to live there, would you? Well, we'd like to have you.

That peculiar noise? Oh, that's Dr. Arthur Black two cars ahead—he's singing. No, not crying, Doctor, singing. You say he is spoiling your trip?

Well, just be patient, Doctor, perhaps he'll stop after a bit.

Doctor, please don't lean so far out of the car every time we pass a young lady; it isn't dignified.

Yes, Doctor, we have lots of pretty girls in Springfield. You say you're coming to the State Convention every time it's held at Springfield? Glad to hear it.

Now, sir, you're approaching Lincoln's home. Yes, sir, that old-fashioned residence on the corner. No, Doctor, we can't stop now, but you can visit it to-morrow. Brace up a little now; we're going through the business district.

Now we're passing the old State House, at present the Sangamon County Court House. Yes, Doctor, perhaps it looks a little weather-beaten, but it has been pronounced by architects to be the purest specimen of the Greek Doric to be found in the United States. You see where that man in his shirt sleeves is standing in the window? Well, sir, that's the very room where Grant once served as clerk in the Adjutant General's office.

We're on North Sixth street now, Doctor. Kindly notice the residence on your left; that's Senator Cullom's old home. No, sir, the Senator hasn't lived there for many years.

Now we're on North Eighth street. Ah! here we are at the Illinois State Fair Grounds—the finest state fair grounds in the world. What's that? Can we prove it? We don't have to prove it, Doctor, we admit it. Had no idea they were so fine, eh? Well, sir, you see what you'd have missed by staying away. Now we're on the race track. Yes, Doctor, we did skid a little then; but maybe we'll get around all right. Doctor, you mustn't swear at the chauffeur that way. Dr. Roach is hanging over the back seat of the car in front waving a fifty dollar bill at us and offering to bet that we can't catch up with them.

Wh——ew! Cheer up, Doctor. It's all over now and not a hair of your head hurt. What happened? Why, we went by those fellows so fast, they looked like they were standing still. Fast track, you say? Well, rather. Star Pointer broke the world's record on that track.

Well, we'll have to leave the Fair Grounds though we haven't seen near all of them. Now, we're going through Lincoln park. Pretty place, eh? There's only one better and that's Washington park.

Throw away your cigar now, Doctor, we're entering Oak Ridge Cemetery. Yes, sir, that is Lincoln's Monument. We'll just circle around it so that you can get a general idea of it. You must make a special trip out here to-morrow, Doctor, when you'll have more time.

Now for a straight spin back to the city. Ah, here we are at the Executive Mansion. Throw out your chest, Doctor, for you are going to call on Governor and Mrs. Deneen now.

Well, honest now, how did you enjoy the ride? Thought it was bully, eh? Say, Doctor, you come down to Springfield in May. We've arranged an automobile trip that will make this one look like thirty cents. All right. Good-by. See you in May.—*A. E. C., in Bulletin of the Illinois State Dental Society.*

CHLORO-PERCHA FOR PULP CANAL FILLING—HOW TO MAKE.—Select a jar holding two to four ounces and fill it about one-third full with pink base plate gutta-percha cut into strips or squares sufficiently small that they will settle well to the bottom of the jar. Pour over this enough chloroform to well cover the gutta-percha and allow it to stand a few hours closely covered. By this time it should be fully dissolved; if not, add more chloroform. Shake well and allow the sediment to settle to the bottom. The gutta-percha we now have is loaded with impurities that should not be in a gutta-percha used for pulp canal filling; to remove them strain it through a cheesecloth. Now add about two or three drams of thymol crystals to each ounce of gutta-percha. As the chloroform evaporates add oil of cajuput to keep it fluid. After some months the chloroform will all be evaporated and the gutta-percha will be held in solution by the oil of cajuput.—*Dominion Dental Journal*, December, 1909 (From *The Dental Brief*).



PRACTICAL HINTS

TANNIC ACID FOR NEURALGIC PAINS DUE TO PYORRHEA ALVEOLARIS.—For neuralgic pains due to pyorrhea, a twenty per cent. solution of tannic acid in alcohol, swabbed on the border of the gums of the affected side,

is very effective.—M. M. BETTMAN, *Pacific Dental Gazette (The Dental Cosmos)*.

PREVENTING THE HARDENING OF RUBBER.—To prevent the hardening of articles or instruments of rubber, keep them in a tin can containing talcum. If they need softening, bathe them in ammonia water, afterward passing them through glycerated water.—*Revue Trimestrielle Belge de Stomatologie (The Dental Cosmos)*.

A METHOD OF REPAIRING RUBBER PLATES.—This is a simple method of replacing teeth on plates by making grooves and undercuts, and after applying soldering fluid to pins, flow Melotte's metal around the pins and fill up the cavity and undercuts flush with the plate. Then polish down even with the plate. The metal is manipulated with a hot spatula.

This method you will find quite a time saver and a more satisfactory means of repair than by the old way.—DR. J. P. GRAY in *Summary (The Dental Register)*.

MASTICATION WITH FULL DENTURES.—In the use of artificial teeth, full sets, the patient does not grind, but uses a down pressure. This is especially true in the case of flat, narrow, lower jaws, where it would be utterly impossible to grind without shoving the lower denture sideways. I speak from personal experience of twelve years with this condition. I may say incidentally that by the experience I have had with my own I have learned things in regard to lower dentures that I could not have learned from others.—L. P. HASKELL, D.D.S.

CASTING PROSTHETIC PIECES.—After the first few inlay machines were placed on the market, there seemed to be a sort of craze for larger flasks and the possibility of larger work, casting of plates, etc. This

feature can very easily be carried to excess. It is not practicable to attempt to cast a gold base for a full upper, or lower, or partial lower denture. Cast gold does not possess the same rigidity in a plate as would obtain in the same bulk of plate if laminated by rolling or beating. The former would, therefore, have to be made much heavier to give the same strength. A very small plate may be successfully cast and meet all requirements, but the hope that casting methods may be successfully applied to very large gold plate work is a myth.—DR. J. G. LANE, *February Items of Interest.*

MAKING WAX INLAY PATTERNS.—There are many excellent wax preparations for pattern making for this part of the work. A given wax is not suitable for all cases or all seasons of the year; *e.g.*, a wax rich in stearine is best for inlay patterns; pink base plate wax for crown foundations; and yellow bees' wax for cusps on shell crowns, etc. Wax for any of these purposes should be so highly colored that its color would make an extreme contrast with the color of the enamel, thus facilitating the finishing of the margins. Wax patterns should not be handled with the fingers, but should be placed on a cloth, and by that means handled while inserting the sprue-wire; or, if possible, the sprue-wire should be inserted while the wax is in the mouth. If oil or vaseline have been used in connection with the pattern, the latter must be freed from it with soap and water before investing. This can be easily and safely accomplished by using a small camel's-hair brush and liquid soap.—DR. J. G. LANE, *February Items of Interest.*

TO GET THE CORRECT WIDTH FOR UPPER ANTERIORS WHEN MAKING AN UPPER PLATE TO ARTICULATE WITH A LOWER PLATE ALREADY MADE.—Mount the upper model and bite and lower plate on the articulator in proper relations. Set the upper first bicuspid on each side so that it comes in proper relations with the lowers. Then either measure between the mesial angles of the upper first bicuspid to get the combined width of the upper anteriors or keep on hand a stock of anteriors which can be tried in, and select the set which will come in proper relations between the bicuspids as placed. By this means selection of anteriors of the right width is very quickly and easily made.—L. R. POND, D.D.S.



BOOK REVIEWS

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. ABBOTT, M.D., Professor of Hygiene, University of Pennsylvania. New (8th) edition, thoroughly revised. 12mo, 631 pages, with 100 illustrations, 26 in colors. Cloth, \$2.75, *net*. Lea & Febiger, Philadelphia and New York, 1909.

This work, which has passed through seven editions, is offered as a safe guide to the beginner in bacteriology.

Its extensive use in the past is ample proof of its generally accepted value.

TRANSACTIONS OF THE NATIONAL DENTAL ASSOCIATION, THIRTEENTH ANNUAL MEETING, 1909. PRESS OF *The Dental Cosmos*.

This volume, printed in the usual excellent manner, preserves the papers read at this meeting and much of the discussion. While all that is here presented may not interest any one dentist, there is much given which will profit him who reads it carefully. Much of it is interesting now. All of it will be interesting in the future as marking the status of the profession at this time.

THE TEETH: THEIR CARE AND VALUE.—There has been received from E. Y. Harrison, D.D.S., Scranton, Pa., a 2-page booklet entitled "The Teeth. Their Care and Value."

Dr. Harrison reports that he uses this book with satisfaction as a means of educating patients. The information it contains is of great value and is given in a most readable and lucid style. When all patients know what this little book can teach them, it will be a happy day for them as well as for dentistry.

Dentists who are interested in educating their patients should secure a copy of this book.

DENTAL MATERIA MEDICA, THERAPEUTICS AND PRESCRIPTION WRITING. By ELI H. LONG, M.D., Professor of Materia Medica and Therapeutics, Medical and Dental Departments, University of Buf-

falo, New York. New (3d) edition, thoroughly revised. Octavo, 311 pages, with 6 engravings and 18 colored plates. Cloth, \$2.75, net. Lea & Febiger, Philadelphia and New York, 1909.

While only a few practising dentists are well-informed on the subjects of *materia medica* and *therapeutics*, every dentist should have at hand a work like this from which additional knowledge, in practicable form, may be had upon occasion.

In Part II the Local Remedies are grouped by their actions, and a number of remedies serving a given purpose can thus be studied with a minimum of labor.

In Part III General Remedies are grouped in the same serviceable manner.

In the chapter headed "Anesthetics" Dr. Long offers excellent cautions against the use of chloroform under the conditions common in dental offices.

It is to be regretted that his attitude toward somnoform was not equally broad.

He gives a most peculiar chief reason why somnoform "cannot be advised." It is—"Being proprietary, its use is unethical."

Not a word is said about the clinical record or about its practical advantages. The dentist does not anesthetize a patient with ethics, he does it with an anesthetic, preferably one whose clinical record proves it safe, such as nitrous oxide or nitrous oxide and oxygen or somnoform. And those who presume to offer text books should report on those preparations they mention from the standpoint of *materia medica* and *therapeutics* rather than of ethics.

The paragraph on somnoform in this work is evidently the work of a theorist without extensive personal practical knowledge of the subject.

It is believed, however, that the book in general will be found fair and useful.

A REVIEW AND AN APPRECIATION.—There came into my hands recently a little book entitled "The Teeth and Their Care," by Thaddeus P. Hyatt, D.D.S., of Brooklyn, N. Y. The purpose of this booklet is to give the general public such information as will enable them to appreciate the importance of caring for their teeth, and how this can best be done for their preservation. The author of this book is in a position to know what will most appeal to the people in this respect, as he has been for a number of years on the Public Lecture Staff of the New York Board of Education.

The little book contains some forty odd pages and is attractively bound in plain linen boards; it is printed with a clear, readable type on excellent paper and with its wide margins, presents an appearance of simple dignity that is most charming in a book of this character. The contents are well arranged in several chapters—one gives the structure and physical characteristics of the teeth and tells in simple language all that lay people would need or care to know about the anatomy of these organs—another chapter is devoted to the "Care of the Teeth" and contains all the information that is essential for the self-preservation of them. There is a chapter about "Children's Teeth" in which is outlined the care and importance of the temporary teeth and their relation to the general development of the dental arches and the prevention of irregularities and deformities. In this chapter is given the usual tables of the periods of eruption of the various teeth. Other chapters contain general information that is valuable to know and advice that is well worth following.

The book contains several illustrations that have been selected with wise discrimination, for they are sufficient to make clear the text without containing anything that could be offensive to the eye of the most sensitive person.

Take it all in all, this little book is admirably suited to the purpose for which it is intended and the only criticism that might be made is that the covers are too close together, for a man who can write in such an effective way should do more of it.

Men who are interested in the problem of "Educating the Public" and the upbuilding of their professional business could not do better than to have one or more copies of this little book on their reception-room table, for it is a book that can be read quickly and with interest by adults and will also appeal to children, as they will be easily able to understand it. In fact, it would be a good plan to have copies to give to patients, for I know of no book so admirably suited for the purpose.

The expense of the book is slight and copies may be obtained by sending fifty cents to Dr. T. P. Hyatt, No. 140 Remson Street, Brooklyn, N. Y.—FREDERICK CROSBY BRUSH, D.D.S.

Sticky Gutta-percha Fillings.—Touch warmed gutta-percha, on its way to the cavity, with oil of cajuput. On account of the increased stickiness of the gutta-percha so treated, the filling actually cements itself to the walls of the cavity. It can even be applied wet, and so is of real value in treating a patient ill in bed, etc.—J. F. HODGSON, *International Dental Journal (The Dentists' Record)*.

SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

CALIFORNIA.

The Thirty-seventh Annual Meeting of the California State Dental Association will be held in San Francisco, June 22, 23, 24, 25, 1910.—C. E. POST, *Secretary*. The Thirteenth Annual Meeting of the Southern California Dental Association will convene June 16, 17 and 18, 1910, at the College of Dentistry, University of Southern California, Fifth and Wall Streets, Los Angeles.—B. FRANK GRAY, *Chairman Publicity Committee*.

COLORADO.

The Fourteenth Annual Session of the National Dental Association will be held at Denver, Colo., July 19-22, 1910.

The National Association of Dental Faculties will meet at the Hotel Shirley, Denver, Colo., Monday, July 25, at 10 o'clock, a. m. The Executive Committee will meet to consider business of the Association at 9 o'clock a. m.

The Hotel Shirley is connected by bridge with the Savoy, where the Meeting of the National Association of Dental Examiners takes place on the same date.—B. HOLLY SMITH, *Chairman Executive Committee*, N.A.D.F.

CONNECTICUT.

The Dental Commissioners of the State of Connecticut will meet at Hartford, June 16, 17, and 18, 1910.—GILBERT M. GRISWOLD, M.D.S., *Recorder*.

GEORGIA.

The Forty-fourth Annual Meeting of the Georgia State Dental Society will be held in Atlanta, June 14, 15, and 16, 1910.—WALTER C. MILLER, *President*; DELOS L. HILL, *Secretary*.

ILLINOIS.

The Forty-sixth Annual Meeting of the Illinois State Dental Society will be held in Springfield, May 17, 18, 19, 20, 1910.—J. F. F. WALTZ, *Secretary*, Decatur, Ill.

INDIANA.

The Fifty-second Annual Meeting of the Indiana State Dental Association will be held in Indianapolis, May 17, 18, 19, 1910, at the Claypool Hotel. This promises to be a great meeting.—OTTO V. KING, *Secretary*, Huntingdon.

The next meeting of the Indiana State Board of Dental Examiners will be held in the capitol, Indianapolis, June 13, 14, 15, and 16, 1910.—F. R. HENSHAW, D.D.S., *Secretary*.

IOWA.

The Iowa State Board of Dental Examiners will hold a meeting for the examination of candidates for license to practise dentistry in Iowa, beginning June 6, 1910, at 9 a. m., at Iowa City.—E. D. BROWER, *Secretary*.

KENTUCKY.

The Forty-first Annual Meeting of the Kentucky State Dental Association will be held in Louisville, Ky., May 26, 27, 28, 1910.

An unusually interesting and profitable program is being arranged for this year, and a cordial invitation is extended to all ethical members of the profession.—W. M. RANDALL, *Secretary*, cor. Brook and Broadway, Louisville, Ky.

LOUISIANA.

The Thirty-second Annual Meeting of the Louisiana State Dental Society will take place May 16, 17, 18, 1910, at Grunewald Hotel, New Orleans, La.—J. A. GORMAN, *Chairman*.

MAINE.

The Forty-fifth Annual Meeting of the Maine Dental Society will be held at the Rangeley Lake House, Rangeley, June 23, 24, and 25, 1910.—I. E. PENDETON, *Secretary*.

MICHIGAN.

The next regular meeting of the Michigan State Board of Dental Examiners for the examination of applicants for registration will be held at Ann Arbor, beginning Monday, June 20th, and continuing to the 25th. Applications must be in the hands of the secretary at least fourteen days previous to the examination, and should be addressed to A. W. HAIDLE, *Secretary-Treasurer*.

MINNESOTA.

The next meeting of the Minnesota State Board of Dental Examiners will be held at the Dental Department of the State University in Minneapolis on June 6, 7, 8, and 9, 1910.—DR. G. S. TODD, *Secretary*.

MISSOURI.

The Forty-fifth Annual Meeting of the Missouri State Dental Association will be held at St. Louis, May 23, 24, 25, 26, 1910. Dr. G. V. Black and Dr. J. V. Conzett will be the guests of the Society.—J. F. WALLACE, *Secretary*.

NEW JERSEY.

The New Jersey State Board of Registration and Examination in Dentistry will hold their semi-annual meeting for examining candidates for license in the Assembly Chamber of the State House at Trenton, N. J., July 5, 6, 7, 1910. Practical work July 5th, beginning at 8 a. m., Theoretical written Examination 6th, 7th.

The Fortieth Annual Meeting of the New Jersey State Dental Society will convene in Asbury Park, N. J., at the "Casino," July 20, 21, 22, 23, 1910. Many fine and instructive papers will be read. Hotel Columbia will be the headquarters of the society.—CHARLES E. MEEKER, D.D.S., Newark, N. J.

NEW MEXICO.

The meeting of the New Mexico Board of Dental Examiners will be held at Las Vegas, July 14, 15, and 16, 1910.—M. J. MORAN, *Secretary*.

NEW YORK.

The Forty-second Annual Meeting of the Dental Society of the State of New York will be held at Odd Fellows Hall, Albany, May 5, 6, and 7, 1910.—ELLISSON HILLYER, *Secretary*.

NORTH CAROLINA.

The Thirty-sixth Annual Meeting of the North Carolina Dental Society will be held at Wrightsville, July 13-16, 1910.—ARTHUR HYNES FLEMING, *Secretary*.

NORTH DAKOTA.

The Annual Meeting of the North Dakota Dental Association will be held in Fargo, May 10, and 11, 1910.—F. A. BRICKER, *Secretary*.

OHIO.

The Fifty-third Annual Meeting of the Northern Ohio Dental Association will be held in Toledo, at Hotel Seedor, June 7, 8, 9, 1910.—G. F. WOODBURY, *Chairman of Executive Committee.*

The regular spring meeting of the Ohio State Dental Board will be held in Columbus, June 21 to 24, 1910.—L. L. YONKER, *Secretary.*

OREGON.

The Seventeenth Annual Meeting of the Oregon State Dental Association, June 30, July 1 and 2, 1910.—WALLACE C. SHEARER, *Secretary.*

PENNSYLVANIA.

The Thirty-fifth Annual Meeting of the Lebanon Valley Dental Association will be held in Redman's Hall, Reading, Pa., May 10 and 11, 1910.—CLARENCE B. GRIM, D.D.S., *Chairman of Executive Committee.*

The Forty-seventh Annual Meeting of the Lake Erie Dental Association will be held at Bartlett Hotel, Cambridge Springs, Pa., May 17, 18, 19, 1910.—V. H. MCALPIN, *Secretary.*

The annual meeting of the Susquehanna Dental Association of Pennsylvania will convene at the Oneonta Hotel, Harvey's Lake, May 24th, 25th, and 26th. An excellent program of papers and clinics is being prepared. Among those who will participate are Drs. V. H. Jackson, New York; E. C. Kirk, Louis Jack, E. T. Darby, H. C. Register, J. G. Lane, Philadelphia, Pa., and C. S. Van Horn, Bloomsburg.

SOUTH DAKOTA.

The Annual Meeting of the South Dakota State Dental Association will be held at Pierre, June 9 and 10, 1910.—DR. E. J. SCHNAIDT, *Secretary.*

TENNESSEE.

The Forty-third Annual Meeting of the Tennessee State Dental Association will be held at Nashville, May 17, 18, and 19, 1910.—J. L. MANIRE, *Secretary.*

VIRGINIA.

The Forty-first Annual Meeting of the Virginia State Dental Association will be held at Staunton, July 20, 21, and 22, 1910.—W. H. PEARSON, *Secretary.*

WASHINGTON.

The next meeting of the Washington State Board of Dental Examiners will be held at Seattle, May 26, 1910.—WM. B. POWER, D.D.S., *Secretary.*

WEST VIRGINIA.

The West Virginia State Dental Examination will be held at Wheeling, W. Virginia, on June 8, 9, and 10, 1910. Applicants for examination must file their applications accompanied by the fee.—J. FLEETWOOD BUTTS, *Secretary.*

WISCONSIN.

The Sixteenth Annual Meeting of the Southern Wisconsin Dental Association will be held at Jonasville, Wis., June 2 and 3, 1910.—C. W. CALLOER, *Secretary.* The Fortieth Annual Meeting of the Wisconsin State Dental Society will be held at Ashland, July 12, 13, 14, and 15, 1910.—W. L. CHRISTENSEN, *Secretary.*

CANADA.

Canadian Dental Association and Ontario Dental Society combined convention, Toronto, Canada, May 31, June 1, 2, and 3, 1910.

LANTERN SLIDES WANTED

THE Oral Hygiene Committee of the National Dental Association is making a very decided effort to have one of the most interesting exhibits from the Oral Hygiene standpoint at the Denver Meeting, that has ever been gotten together. As a part of the exhibit it is expected to have a stereomotograph in operation, automatically showing hundreds of interesting slides. The Committee is hereby appealing to all those who have lantern slides which will be of interest from this standpoint to forward prints of same to the Chairman of this Committee in order that a complete and interesting collection can be made. The Committee will pay all expense incurred in this respect, and earnestly solicits the hearty coöperation of the profession in enabling it to obtain a complete and interesting collection.

W. G. EBERSOLE, *Chairman,*
Oral Hygiene Committee, N.D.A.

800 Schofield Building, Cleveland, Ohio.

AMERICAN CIRCULATING DENTAL CLINIC

DISTRICT CENTERS: CLEVELAND, NEW YORK, PHILADELPHIA, NEW ORLEANS, LOS ANGELES, CHICAGO, KANSAS CITY

THE Cleveland Dental Society has appointed a committee to be known as the American Circulating Dental Clinic, consisting of Doctors G. H. Wilson, W. A. Price, H. L. Ambler, Guy D. Lovett, V. E. Barnes and S. M. Weaver.

The object of said committee was to arrange an inter-change of clinics with a given number of cities, probably seven, representing seven sections of the United States.

The cities chosen are Cleveland, New York, Philadelphia, Chicago, Kansas City, Los Angeles and New Orleans.

The idea is to have each society appoint a similar committee of six to coöperate with the other cities. Each committee's duty would be to collect (say ten) of the best possible clinics from their districts. Clinics to be composed of New Devices, New Methods, Superior Pieces of Workmanship, or anything the committee should elect as an educational clinic of sufficient importance.

We want the NEW THINGS brought out and believe this will be the best way to bring the different sections of the United States in close touch with one another.

We realize there are many valuable ideas and appliances lying around dormant and kept from the profession because the originator is not a writer for magazines, or he is too busy to take the time to exploit them.

An active committee will be able to obtain a great many such and induce the men to put them in a presentable shape for the American Circulating Dental Clinic.

We are desirous of having the committees appointed at once, so they will have time to provide their display. The idea at present is to have the clinics all shipped to Cleveland first and arranged in a systematic and presentable shape for exhibition. Also arrange the combined clinics in shipping trunks so that they may be forwarded to the next city. Each clinic is to have a short type-written explanation to accompany it, so any member of the committee to whom it is shipped could examine it and be able to explain in a few words at time of exhibition.

After the clinics have made the round of the circuit, Cleveland, for instance,

would take out her old clinic and put in a new one, and so on around the circuit. This would give each city practically one year to collect the new exhibit.

There being seven cities in the circuit would take in the winter months, say from October to April, the probable months in which societies hold their meetings. These dates will have to be arranged later to best accommodate all.

We do not want this Exchange for CONVENTION use, but as a grand show for the city and surrounding territory which it represents. The committees have been chosen from men who are enthusiastic and who frequent conventions in order to meet with progressive men. The committees are appointed in the following manner: two for three, two and one years respectively. In this way the oldest members, being familiar with the work, would be of great assistance in keeping up the high standard of clinics which we hope to obtain.

There are more details to be worked out later and the Cleveland Committee will welcome any suggestions from the other committees.

The aforesaid cities have been chosen as best representing their section of the United States and we hope to receive immediate and encouraging coöperation. If we all work together we can make these meetings the largest exhibitions of progressive dentistry ever seen.

All clinics should be sent to your District Chairman, and he in turn will send his combined clinic to Cleveland for the first meeting so they may be arranged for the trip around the circuit.

We hope every city chosen will put its shoulder to the wheel and try to make its exhibit the best.

Yours truly,

S. MARSHALL WEAVER,
Central Chairman.

N. B. Send clinics to your DISTRICT CHAIRMAN keeping models small and light as practical. Accompany each with a detailed description as concise as possible.

At a meeting of the Chicago Committee on the American Circulating Dental Clinic it was decided, in order to create interest and reach the greatest number of dentists who otherwise might not be asked to clinic, to make the clinic competitive. This will give every man who has a new idea a chance to compete. A letter explaining the clinic in detail should be sent to the District Chairman, Dr. D. C. Bacon, 103 State Street, Chicago, and the clinic under separate cover with concise explanation accompanying it. Each clinic will be given a number as it arrives and the Committee will select the ten best, after which the names will be attached so that the Clinician may receive full credit for his work.

DENTAL HYGIENE CONFERENCE AND EXHIBIT

A DENTAL hygiene conference and exhibit will be held at the Metropolitan Building, New York City, May 12th to the 18th inclusive, under the auspices of The Dental Hygiene Council of New York City, with the coöperation of the Children's Aid Society, the Association for Improving the Condition of the Poor, and the Charity Organization Society. The exhibit will be open every day including Sunday, May 15th.

Arrangements are being made for the holding of a stereopticon lecture on dental hygiene every afternoon of the week at four o'clock, and twice on Saturday for school children. The conferences will be held evenings, and will be addressed by well-known speakers such as: Woods Hutchinson, C. Ward Crampton, J. J. Cronin, S. Josephine Baker, Jane Robbins, Roy Smith Wallace, Wm. H. Allen, and others.

The exhibit and all meetings are open to the public. It is hoped that every dentist in the vicinity of New York will try to visit the exhibit, and be present at as many of the evening meetings as possible, also that they will urge such attendance upon their patients.

Programs may be had later upon application.

ARTHUR H. MERRITT,
Chairman of Committee,
59 West 46th Street.

PATENTS

941149. Dental plate, D. D. Hyman, Philadelphia, Pa.
 941200. Antiseptic tooth-brush holder, W. D. Jones, New York, N. Y.
 941043. Head and back rest, A. W. Powell, New York, N. Y.
 940831. Aseptic lamp for dental, medical, or surgical purposes, D. Stern, Cincinnati, Ohio.
 941612. Dental-engine handpiece swivel, A. W. Browne, Prince Bay, N. Y.
 941718. Dentistry, M. R. Koons, York, Pa.
 942058. Tooth-brush holder, C. H. De Cowin, Cheboygan, Mich.
 942603. Head-rest for barbers' chairs, A. L. Underland, Omaha, Neb.
 943113. Mounting for artificial teeth, E. J. Grenefield, Wichita, Kan.

Copies of above patents may be obtained for fifteen cents each, by addressing John A. Saul, Solicitor of Patents, Fendall Building, Washington, D. C.

MOTHER GOOSE ON THE COST OF LIVING

The King was in his counting-house
 Counting out his money,
 The Queen was in the parlor
 Eating bread and honey;
 And just because the King, sir,
 Had to buy that bread and honey,
 It kept him busy all the time
 A-counting out his money.

Jack Sprat could eat no fat,
 His wife no lean could eat,
 And so they lived on veg'tables,
 Which cost as much as meat.

Little Bo Peep, she sold her sheep
 And bought her some diamond rings.
 A house and lot and a great big yach.
 And other beautiful things.

Hi diddle, diddle,
 The cat played the fiddle,
 The cow jumped over the moon;
 And now you know why
 That beef is so high,
 So let's hope she'll come down pretty soon.

RICHARD LINTHICUM.